AMERICAN BUILDING INSPECTION AND TRAINING CO., INC.
6780 NORTHERN BLVD., SUITE 301, E. SYRACUSE, NY 13057 ~ Phone 315-432-5555 or 800-520-2388
www.abitcoinc.com ~ jmahr@abitcoinc.com

INDIVIDUAL MODULE REGISTRATION FORM

STUDENT NAME: _____

MAILING ADDRESS: _____

PHONE: HOME (_____) _____ CELL (_____) _____

EMAIL: _____

SOCIAL SECURITY #†: _____-_____-_____ DATE OF BIRTH: _____

100 HOURS OF CLASSROOM TRAINING IS REQUIRED IN ORDER TO OBTAIN A NEW YORK HOME INSPECTOR LICENSE.
MODULES 1 & 3 PRESENTED MON TO WED AND MODULES 2 & 4 PRESENTED THUR TO SAT

2012 TRAINING SCHEDULE (Classes Begin at 8:00 AM Every Day)

MARCH 5-17 | JULY 9-21 | SEPTEMBER 10-22

ALL DATES SUBJECT TO CHANGE, PLEASE CONTACT THIS OFFICE FOR UPDATES.

Class size is limited to *first-come, first-serve*. Students are expected to arrive on time, adequately rested, in casual attire and prepared to listen attentively while taking notes. Students are encouraged to participate with questions and comments.

[ ] MODULE 1 $800 + REGISTRATION FEE $100 TOTAL $ _____

[ ] MODULE 2 $800 + REGISTRATION FEE $100 TOTAL $ _____

[ ] MODULE 3 $800 + REGISTRATION FEE $100 TOTAL $ _____

[ ] MODULE 4 $800 + REGISTRATION FEE $100 TOTAL $ _____

[ ] MODULE 5 $900 + REGISTRATION FEE $100 TOTAL $ _____

GRAND TOTAL $ _____

MODULES YOU PLAN TO ATTEND: [ ] MOD 1 DATE _____ [ ] MOD 2 DATE _____

[ ] MOD 3 DATE_____ [ ] MOD 4 DATE _____ [ ] MOD 5 DATE _____

MODULE 5 NOTE: *DATES TO BE DETERMINED;* *Should the field inspection involve a non-sale/purchase; the inspection fee for the Licensed Home Inspector shall be paid by ABITCO. Should the field inspection involve the sale/purchase of a home; the inspection fee will be paid to the Licensed Home Inspector by the buyer. Students will not be paid for these field inspections, according to law.

Education: Years Completed

High School _____

College/Post College _____

†A **copy of your high school diploma or GED MUST accompany this application.**

†***Required by NYS***

Registration fee: $_____ Received By: _____

Tuition Fee: $_____

Tuition Paid: $ _____

Received By: _____

Date: _____

Balance Due: $ _____

Full payment must be made one week before classes begin.

Credit Card #: _____ Exp. Date: __/__

Authorized Signature: _____ Date: _____ **Issue 14**