



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

REGISTRATION FORM 140 HOUR HOME INSPECTOR TRAINING COURSE *INCLUDING FIELD TRAINING**

*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.

Please complete and return to our office to confirm your attendance.

STUDENT NAME: _____

MAILING ADDRESS: _____

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

EMAIL: _____

†Social Security #: _____ - _____ - _____ DATE OF BIRTH: _____

COURSE DATES YOU PLAN TO ATTEND: _____

ABITCO Inc. 100 HOUR HOME INSPECTOR *CLASSROOM* TRAINING COURSE will be conducted at our East Syracuse, New York Center. Formal training includes 100 hours in the classroom and 40 hours in the field. New York State entrance requirements demand a High School diploma or GED in order to attend this program.

2012 TRAINING SCHEDULE THIS CLASSROOM TRAINING COURSE SPANS TWELVE DAYS Monday to Saturday and Begins 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.

Education: **Years Completed**

High School _____

College/Post College _____

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

Registration Fee: \$300.00 Received By: _____

Tuition Fee: \$3,695.00

Tuition Paid: \$ _____

Received By: _____

Date: _____

Balance Due: \$ _____

† *Required by NYS*

Full payment must be made one week before classes begin.

Credit Card #: _____ EXP Date: ____/____/____

Authorized Signature: _____ Date: _____

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