



AMERICAN
BUILDING INSPECTION
AND TRAINING CO., INC.

APPROVED BY NEW YORK DEPT. OF STATE TO PROVIDE HOME INSPECTOR TRAINING

6780 Northern Blvd., Suite 301-E. Syracuse, NY 13057
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When You Really Need to Know
We're Looking Out For You

D. De Salvia Lic # 16000009849 – E. Doherty Lic. #16000013373 – R. Schell Lic #16000009631 – J. Mahr Lic#16000008195

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

*Student is responsible for finding appropriate houses for the field inspections. The school will pay the licensed home inspector who provides oversight during the inspection. The student will not be paid for these inspections.

Please print clearly, complete and return to our office to confirm your attendance:

STUDENT NAME: _____

MAILING ADDRESS: _____

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

FAX: (_____) _____

EMAIL: _____

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

SEMINAR 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. Entrance requirements call for a High School diploma or GED. The \$3,695 tuition fee includes all lunches, training manuals, inspection report forms, appropriate hand-outs and field training.

2009 TRAINING SCHEDULE

THIS CLASSROOM TRAINING COURSE SPANS TWELVE DAYS
 Monday to Saturday; Classes Begin at 8:00 AM Every Day

MARCH 2-14, 2009, JUNE 1-13, 2009, SEPT 14-26, 2009, NOV. 2-14, 2009

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.

†Required by NYS

Registration fee: \$300.00 Received By: _____
 Tuition Fee: \$3,695.00
 Tuition Paid: \$ _____
 Received By: _____
 Date: _____
 Balance Due: \$ _____

Full payment must be made one week before classes begin.

Credit Card # _____ Exp. Date _____

Student Signature: _____ Date: _____