



Texas Department of Housing and Community Affairs

COLONIA SELF-HELP CENTER PROGRAM
QUALIFIED INSPECTOR CERTIFICATION



Inspector's name: _____
Inspector's address: _____
Phone: _____
Email: _____

I certify that I am a **Qualified Inspector** as defined in the Colonia Self-Help Center Program Rule in the Texas Administrative Code (10 TAC Chapter 25, §25.2 (15), Definitions), and that I have

"professional certifications, relevant education or a minimum of three years of experience in a field directly related to home inspection, which may include but is not limited to installing, servicing, repairing or maintaining the structural, mechanical, plumbing and electrical systems found in Single Family Housing Units, as evidenced by inspection logs, certifications, training courses or other documentation."

Signature of Inspector

Date

ADMINISTRATOR CONFIRMATION

Administrator confirms that documentation provided by this Inspector confirms her/his qualification as described above, and copies have been retained in our local files for future monitoring.

Signature of Administrator

Date

Organization Name

WARNING: Title 18, Section 1001 of the U.S. Code makes it a criminal offence to make willful, false statements or misrepresentations to any department or agency in the United States as to any matter within its jurisdiction.