

## **Field Trainer Verification Form**

Please print this form and bring it with you when you attend your one on one field training. This form is not required for group field training. This form must be completely filled out and signed by both you and your field trainer. Upon completion of the training, this form must be faxed to 630-839-0013 before credit will be issued.

Contacting the field trainer and any costs associated with the field trainer are the student's responsibility. Appointment dates and times for examination are at the convenience of the field trainer. You are not allowed to communicate with the field trainer's customers, agents, or anyone else on site without the field trainer's permission (this will be discussed prior to the start of the inspection). If you disturb the field trainer's inspection in any fashion, the field trainer can refuse to sign this form and you are NOT entitled to a refund.

| Today's Date  |                               |                      |                  |
|---|-------------------------------|----------------------|------------------|
| Student Identification and Contact Information  |                               |                      |                  |
| Student's Name:   | Phone:_ <u>(</u>              | )                    |                  |
| Students License Number: (If Applicable)  |                               |                      | _                |
| Course Number and title:  |                               |                      |                  |
| City:   | State:                        | Zip:                 |                  |
| Student's Email Address:(Please Type or Print Carefully)  |                               |                      |                  |
| I hereby certify that I have attendedcompleted inspection report for each inspection been e-mailed to CoreyBellmanGroup@g | tion (ok without real client  |                      |                  |
| (Student's Signature) Field Trainer's Certification and Contact Informat  | tion                          |                      |                  |
| Field Trainer's Name & Home Inspector License#:_  |                               |                      |                  |
| Field Trainer's Street Address:   |                               |                      |                  |
| City:   | State:                        | Zip:                 |                  |
| Field Trainer's Email Address:  |                               |                      |                  |
| Field Trainer's Phone Number (including area code): I attest that I have verified that the student is the                 | actual student listed on this | form by checking for |                  |
| identification. I attest that the above student has I will call 877-316-0600 ext 802 with any discrepa                    |                               | -                    | ections) with me |
| (Field Trainer's Signature)   |                               |                      |                  |