ESP® Environmental Safeguard Professionals

THE EXPERTS IN MOLD & MOISTURE MANAGEMENT

APPROVED VENDOR APPLICATION / RENEWAL

CEHI Certified Environmental Home Inspector

Mail the application and fee to CEHI, 1111 E. Tahquitz Canyon Way, Suite 110, Palm Springs, CA 92262 www.espusa.net

(1) Type of Application: *(Circle one only) (IF RENEWAL, PROVIDE VENDOR APPROVAL NUMBER)*

New Renewal

(2) Vendor Name	Business WEB Site	Business Email Address
(3) Contact Person (print)	Business Phone Number	Business Fax Number

(4) Vendor Mailing Address (Street Address, City, State, Zip Code)

(5) Vendor is a/an: *(Circle one only)*

Individual Partnership Corporation University, College or School Government Agency Other:

(6) Do you currently possess or have previously held an industry certification as an inspector (e.g.: CMP, CRMI ...etc.)?
If yes, please indicate the type of certificate and number(s). YES NO

(7) Have you held or currently hold a government-issued license, certification or other approval as an inspector?
If yes, please indicate the type of license or certificate and number(s). YES NO

(8) Are you currently employed, contracted or a franchisee of an inspection company?
If yes, please indicate the company's name(s). YES NO

(9) Have you been the subject of any administrative, legal or other action involving licensure, certification, or other approvals as specified in (6), (7), and (8) above? If yes, please explain and provide dates. If additional space is needed, please attach to this application. YES NO

(10) **I declare that the foregoing information is true and correct to the best of my knowledge.**

Print Name of Vendor & Title	Signature of Vendor	Date

All independent contractors who wish to become approved vendors of ESP in order to deliver the CEHI program services are required to pay an approval fee to cover the costs associated with the approval process. A 50% deposit is required prior to attending any training and the balance is due prior to delivery of the CEHI Proprietary Application.

Approval fee: $ 1,995.00 (Discounts may apply based on verification of your information)

METHOD OF PAYMENT (please circle one): Check MasterCard Visa American Express Other:

Credit Card Number	Expiration Date	VOC Digits
Print Name of Card Holder	Signature of Card Holder (authorizes charge)	Date

Billing Address (Street Address, City, State, Zip Code)

DO NOT WRITE BELOW THIS LINE

Application/Renewal has been approved by:	Date:	Approval Number:
Application/Renewal has been disapproved by:	Date:	

Form – vendor1-0208