

**STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY  
REAL ESTATE DIVISION**

**INSPECTOR OF STRUCTURES – INSPECTION LOG FOR CERTIFIED GENERAL**

**NAC 645D.220 Requirements for certificate as certified general inspector. (NRS 645D.120)**

1. An applicant for a certificate as a certified general inspector:
  - (a) Must furnish proof satisfactory to the Division that he has successfully completed:
    - (1) Not less than 50 hours of academic instruction in subjects related to structural inspections in courses approved by the Division.
    - (2) An examination approved by the Division.
    - (3) At least 200 inspections for a fee, of which not less than 25 must be inspections of commercial structures.
    - (4) At least three inspections of commercial structures under the supervision of a certified master inspector. The inspections must be evaluated by the supervising certified master inspector and recorded on a form provided by the Division.
  - (b) Must possess a high school diploma or its equivalent.
  - (c) Must demonstrate his ability to produce a complete and credible inspection report according to the standards and requirements set forth in NAC 645D.460 to 645D.580, inclusive.
2. An applicant must submit to the Division a log of the **inspections** he performed for a fee on a form supplied by the Division.

(Added to NAC by Real Estate Div. by R214 97, eff. 5 11 98; A by R214 97, 5 11 98, eff. 7 1 98; R214 97, 5 11 98, eff. 1 1 99; R177 01, 5 20 2002)

**Please list the commercial inspections first and the residential inspections on the subsequent lines.**

NO.	INSPECTION DATE	CLIENT'S LAST NAME	PROPERTY ADDRESS	CITY	ZIP	COMMERCIAL OR RESIDENTIAL	TYPE: INDUSTRIAL, OFFICE OR RETAIL & SQUARE FEET
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***I hereby affirm the above listed inspections were performed by me. I declare under penalty of perjury under law of the State of Nevada that the foregoing information is true and correct.***

***Executed on:*** \_\_\_\_\_ , 20 \_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Certified Residential Inspector)*

\_\_\_\_\_  
*(Print name of Certified Residential Inspector)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(City, State and ZIP)*

\_\_\_\_\_      \_\_\_\_\_  
*(Office Phone Number)*      *(Cell Phone Number)*

***Email:*** \_\_\_\_\_