

# STATE/NATIONAL INSPECTOR REQUIREMENT FORM

Name: \_\_\_\_\_

(Perspective Inspector)

State: \_\_\_\_\_

## State Inspector Requirements:

Attend a National Inspectors hands-on clinic before inspecting as an apprentice. Be current on inspection procedures and have attended a required clinic or seminar every three years.

1. 1<sup>st</sup> National Inspectors Clinic \_\_\_\_\_  
(clinic DATE and where ATTENDED)

\_\_\_\_\_  
(Signature of person putting on clinic)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

2. 2<sup>nd</sup> National Inspectors Clinic \_\_\_\_\_  
(clinic DATE and where ATTENDED)

\_\_\_\_\_  
(Signature of person putting on clinic)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

3. 3<sup>rd</sup> National Inspectors Clinic \_\_\_\_\_  
(clinic DATE and where ATTENDED)

\_\_\_\_\_  
(Signature of person putting on clinic)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(date)

Apprentice under State or National Inspector at five or more shows at different show dates before inspecting alone at the state level

1. 1<sup>st</sup> Show: Date/Show/State \_\_\_\_\_  
Signature of State/National Inspector \_\_\_\_\_

2. 2<sup>nd</sup> Show: Date/Show/State \_\_\_\_\_  
Signature of State/National Inspector \_\_\_\_\_

3. 3<sup>rd</sup> Show: Date/Show/State \_\_\_\_\_  
Signature of State/National Inspector \_\_\_\_\_

4. 4<sup>th</sup> Show: Date/Show/State \_\_\_\_\_  
Signature of State/National Inspector \_\_\_\_\_

5. 5<sup>th</sup> Show: Date/Show/State \_\_\_\_\_  
Signature of State/National Inspector \_\_\_\_\_

## National Inspector Requirements:

Requires two years of experience as a State Inspector and must pass the National Inspector test

1. 1<sup>st</sup> Year as State Inspector \_\_\_\_\_  
(Year & State Inspected)

2. 2<sup>nd</sup> Year as State Inspector \_\_\_\_\_  
(Year & State Inspected)

Upon Completion Please Return to POAC National Office 3828 S. Emerson Ave Indianapolis, IN 46203