



Texas Real Estate Commission  
 P.O. Box 12188  
 Austin, TX 78711-2188  
 512-936-3000

## INSPECTOR COURSE APPROVAL FORM PLUMBING SYSTEMS

Provider Name \_\_\_\_\_

Title of Course \_\_\_\_\_

Name of Text or Workbook and Author \_\_\_\_\_

**Plumbing Systems**

	Length of Segment	On Page #
1. Water supply systems	_____	_____
2. Fixtures	_____	_____
3. Drains	_____	_____
4. Vents	_____	_____
5. Water heaters (gas and electric)	_____	_____
6. Gas lines	_____	_____
7. Hydro-therapy equipment	_____	_____

**Optional**

8. On-site fieldwork (not to exceed 50% of total course time*)	_____	_____
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**TOTAL HOURS**

FOR TREC USE ONLY		
included	Not included	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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