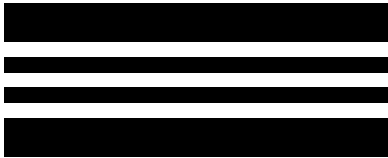


# Home Inspector License Application



You can use this form to apply for a home inspector license. Send this completed form to:

**Home Inspector Program  
Department of Licensing  
PO Box 3917  
Seattle WA 98124-3917**



**Please include the following:**

- A check or money order for **\$680**, payable to the Department of Licensing
- Copy of your passing document from the testing center



**27021-APPLICATIONS**

**Applicant information**

TYPE OR PRINT Name (Last, First, Middle initial)		Social Security number required*	
Mailing address (Number, street, and suite or room number)			
City		State	ZIP code
(Area code) Daytime telephone number	(Area code) Fax number	Email	Date of birth (mm/dd/yyyy)

Answer all of the following

If you answer "Yes" to any of these questions, attach a letter of explanation. Include the charge, date of conviction, civil jurisdiction, state, and disposition of charges.

In this state or any other jurisdiction, are you are have you:

1. Within the last 10 years, had any action (fine, suspension, revocation, censure, etc.) taken against any professional license, certification, or permit held by you?  Yes  No
2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you?  Yes  No
3. Within the last 10 years, defaulted or been convicted of or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic offenses)  Yes  No

\*All applicants are required by federal and state law to provide their Social Security number (SSN) for use in child support enforcement programs (42 U.S.C. 666(a)(13) and RCW 74.20A.320). It may also be used for education loan repayment programs and identification of records with similar names. Submission of your SSN is mandatory; failure to submit it will result in denial of your application.

**Applicant certification**

If you provide false information on this application, your Washington home inspector license may be denied, suspended, or revoked. If you do not comply with any provision of the Home Inspector Act or any rule or regulation, your license may be suspended or revoked.

*I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.*

\_\_\_\_\_ **X** \_\_\_\_\_  
Date and place Applicant signature