



Home Inspector Course Approval Application

Apply for a home inspector course approval. Include this completed form as a cover page for electronic course submission. Upload your complete signed application with all requested documentation as one inclusive .pdf file to your provider folder in Box.com.

Apply online: <https://professions.dol.wa.gov>

Or mail this completed form and a check or money order (payable to the Department of Licensing) to:

**Home Inspectors
Department of Licensing
PO Box 3856
Olympia, WA 98124-3856**

Fee \$75 (non-refundable)

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Original applications must include:

- course description
- course curriculum or syllabus
- course outline with learning objectives and hourly breakdown
- texts, handouts, and other instructional materials, or web links to these materials
- final examination and answer key (required for Fundamentals of Home Inspection course)
- Distance Education Delivery Method Approval Application if you check the distance education delivery box.
Only continuing education courses can be offered with distance education delivery.

Renewal applications:

- applications with changes to course:
 - course syllabus
 - copy of the course with changes
- applications with no changes:
 - course curriculum or syllabus
 - texts, handouts, and other instructional materials, or web links to these materials

Application type

Original approval

Renewal (course ID number _____)

Delivery type

Live lecture

Distance education for continuing education delivered by _____ method

Provider/Course developer information

TYPE OR PRINT Name of provider/course developer (Last, First, Middle initial)		Web address	
Address (Number, street, and suite or room number)			
City		State	ZIP code
(Area code) Phone number	(Area code) Fax number	Email	
Contact name		Contact (Area code) Phone number	

For validation only

06L-090-270-0022

Indicate date of presentation if this is a seminar, symposium, or conference.

Date _____

Certification

Course satisfaction of requirements

Does this course satisfy the requirements of WAC 308-408B-010? Yes No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT Name

X

Applicant signature

Date and place

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.