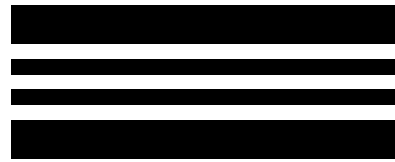




Home Inspector Examination Application



You can use this form to apply to take the home inspector license exam. Send this completed form to:

Home Inspectors
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021



Please include the following:

- Copy of the Certificate of Completion of a Washington State approved Fundamentals of Home Inspection Course
- Completed Home Inspection Field Training Log

Once approved, we will send you information explaining the examination process.

Applicant information

TYPE OR PRINT Legal name <i>(Last, First, Middle initial)</i>		Date of birth	
Mailing address <i>(Number, street, and suite or room number)</i>			
City		State	ZIP code
(Area code) Daytime phone number	(Area code) Fax number	Email address	
<p>Answer all of the following</p> <p>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.</p> <p>In this state or any other jurisdiction, are you are have you:</p> <p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Within the last 10 years, had any civil court order, verdict, or judgment entered against you? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			

Continued on next page

TYPE OR PRINT Applicant legal name (Last, First, Middle initial)

TYPE OR PRINT Supervising inspector legal name (Last, First, Middle initial)

Home inspection field training

Only one supervising inspector per page. Submit multiple pages if more than one supervising inspector.

Required for licensure: 40 hours of supervised field training with five actual inspections involving written reports within two years prior to application for examination.

Inspection date	Inspection hours	Property address

Certification

Providing false information in this application may cause for the denial, suspension, or revocation of your home inspector license in the state of Washington.

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

Date and place

X

Applicant signature

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

Date and place

X

Supervising inspector signature

Washington State home inspector license number