

Home Inspector License Application

Apply for a home inspector license.

Online: https://professions.dol.wa.gov

Or mail this completed form to:

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

27021-APPLICATIONS

Include:

- a check or money order for **\$720** (payable to the Department of Licensing)
- · a copy of your passing document from the testing center

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. \Box \$0 self-print license online.

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

For questions or language help call: (360) 664-6487

Applicant information

TYPE OR PRINT Name as you would like it to appear on your license S		Social Security number			
Full legal Iname (First, Middle, Last)					
Mailing address (Number, street, and suite or room number)					
City	State	ZIP code			
(Area code) Daytime phone number Email		Date of birth (mm/dd/yyyy)			
Military? <i>(check if applicable)</i> Current or former:	artner				
Legal background Answer the questions below. If you answer "Yes," attach a detailed explan	ation.				
1. Within the last 5 years, in this state or any other jurisdiction, have you h (fine, suspension, revocation, censure, surrender, etc.) taken against ar					
occupational license, certification, or permit held by you?					
2. Within the last 5 years, in this state or any other jurisdiction, have you d convicted of, or entered a plea of no contest to a gross misdemeanor or	felony cr	ime?			
(Don't include traffic convictions.)		Yes 🛛 No			
*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Nun license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).	nber (ITIN or ⁻ you are requi	TIN) to apply for or be issued a ired by federal and state law to			

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

TYP X	PE or	P	RIN	T Nam	е

Date and place

Applicant signature

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

RCW 42.56. WAC 308-408A-030. HI-625-003 (R/8/23)WA