



APPL# _____
For Office Use Only

STATE OF NEW HAMPSHIRE
APPLICATION FOR LICENSURE AS A
HOME INSPECTOR

\$200.00 Application Fee

- INITIAL LICENSE – 80 HRS OF BOARD APPROVED EDUCATION**
 INITIAL LICENSE – GRANDFATHER PROVISION

The application must be filled out completely and typewritten
Check Payable to "Treasurer, State of NH" or complete the enclosed credit card form **(Non-Refundable Fee)**

1. General Information

Name _____

Last

First

Middle

Names Previously Used (if applicable) _____ SS# _____

Residence Address _____
zip code _____

Business Name (Organization and Title) _____

Business Address _____
Indicate mailing address by check box zip code _____

Business Phone _____ Home Phone _____

Email: _____

Place of Birth _____ Date of Birth _____

2. Registration/Licensure Information

Have you taken and passed the National Home Inspectors or equivalent examination? _____

If yes indicate: State _____ Certificate # _____ Date: _____

(Proof of passing examination must be included with completed application)

Title of Examination Passed: _____

State in which first registered/certified or licensed as a Home Inspector _____

Date of Licensure _____ License/registration/certification number _____

Expiration Date: _____ Licensed by Education & Experience, or exam? _____

Have you ever applied for home inspection licensure in New Hampshire? _____ Status: _____

Professional Licenses: List all states where you hold or have held registration/certification or licensure as a Home Inspector. Use a separate sheet if necessary.

License #	Year State	Licensed	#Hours Written Examination	Reciprocity or Grandfather	Active or Lapsed

3. General Information Questions

CHECK ONE:

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| 1. Have you ever been convicted of any felony or any misdemeanor, or violation? If yes, name the court the details of the offense and the date of conviction and the sentence imposed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you submitted the completed criminal record release authorization form and fee to the NH Division of State Police? Date of Submission _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been denied registration/certification/licensure as a home inspector by any licensing board in any state or jurisdiction? If so, include an explanation of the circumstances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been subject to disciplinary action by any licensing Board in any state or jurisdiction? If so, include an explanation of the circumstances. | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is yes to questions 1, 3 or 4 above, a written explanation is required with your application

4. Education

1. RSA 310-A:190 & adm inistrative rule Home 302.01 requires a minimum of 80 hours of board approved education for licensure. You must attach proof of course completion.

INSTITUTION AND LOCATION	FROM	TO	HIGH SCHOOL DIPLOMA OR EQUIVALENT DATE AWARDED
High School			
1.			
High School Diploma Equivalency			
1.			
Approved Pre-Licensing Course - not required for candidates applying pursuant to the Grandfather Provision.			
1.			

5. Liability Insurance Coverage

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| I have enclosed proof of liability insurance coverage required per RSA 310-A:191 (d) and Administrative Rule 301.03 (b) which consists of: | <input type="checkbox"/> | <input type="checkbox"/> |

- | | |
|--|--|
| 1. Name and Address of the Insurance Company | 3. Category of and minimum amounts of Coverage |
| 2. Name of the Certificate Holder | 4. Insurance cancellation policy. |

6. Professional Experience

This information described below must be in detail, and should start with your first position as a Home Inspector.
(Insert additional pages if necessary)

Date	1. Name of Employer- Title of Position	Number of Home Inspections performed per week (hours worked per week)
Indicate years/months	2. Location and Character of Each Position	
From to	3. Degree of Responsibility	

7. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said certificate, if issued.

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

NH OPLC-TECHNICAL DIVISION
121 SOUTH FRUIT STREET, SUITE 201
CONCORD, N.H. 03301-8681

Find us on the on-line at www.oplc.nh.gov/home-inspectors/index.htm

rev. 10/16



APPLICATION INSTRUCTIONS AND CHECKLIST FOR HOME INSPECTORS

A complete New Hampshire Home Inspector Application and supporting documentation must include the following items:

1. A Check or Money order Payable to "Treasurer, State of NH" or complete the enclosed credit card form for payment of the application fee of \$200.00.
2. A completed, legible, signed and dated application.
3. The Board office must receive a criminal record report from the NH Division of State Police.
4. Proof of liability Insurance coverage pursuant to Home 301.03 (b).
5. Proof of passing the National Home Inspectors Examination or *equivalent Board approved Home Inspector competency examination.
6. Documentation of course completion which includes certificates indicating successful completion of 80 hours of Board approved education or written confirmation from a training facility/institution indicating the number of instructional hours and the content area of instruction totaling 80 hours of Board approved education.

General - Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion.

Examinations - *Acceptance of Board approved equivalent competency exams pertains only to candidates applying for licensure pursuant to the grandfather provision of Home 302.01 (e).

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

- Marked the box on the application form indicating which address you want us to use?
- Have you submitted the completed criminal record release authorization form and fee to the NH Division of State Police?
- Have you included proof of liability insurance coverage?
- Have you included proof of passing the National Home Inspectors examination or the equivalent?
- Signed and dated the application?
- Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?
- Included proof of completion of 80 hours of board approved education (if applicable)?
- Included this Checklist with your application?

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information – To be completed by the Candidate

Applicant Name:	Date of Birth:
Address:	
City	State
Zip	

PART B. To be completed by verifying Board and returned directly to:

New Hampshire Joint Board, 121 South Fruit Street, Concord, NH 03301 Phone: (603-271-2219)

I. THE ABOVE NAMED PERSON WAS LICENSED AS:	Certificate Number	Date Issued	Valid Until
<input type="checkbox"/> HOME INSPECTOR			
II. MINIMUM REQUIREMENTS WERE:			
1. <input type="checkbox"/> Written Exam			
	Hours	Results	Exam Date
National Home Inspectors Examination (EBPHI)			(yes/no)
2. <input type="checkbox"/> Comity with:			
3. <input type="checkbox"/> Education and Experience:			
4. <input type="checkbox"/> Other:			
III. QUESTIONS			
1. Has any disciplinary action ever been taken against the applicant?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If so, has the disciplinary case been satisfied to the Board's requirements?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. If not, give details			
State:		Mandatory Board Seal	
By:			
Title:			
Date:			



State of New Hampshire
 Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
 STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE OF RECORD: Housing Employment Annulment/Expungement Other: _____

My signature below certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____

Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,
ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Linda J Balich Board Administrator

NAME OF PERSON/FIRM TO RECEIVE RECORD _____

ADDRESS 121 S Fruit St, Suite 201 Concord NH 03301
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

Linda Balich DATE 10-12-16
 SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request - make checks payable to: State of NH – Criminal Records

Credit Card Sheets are not accepted via e-mail

You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard (required)			
Card Number			(required)
Expiration Date:	Month:	Year:	(required)
Billing Name and Address (your billing address must match the address associated with the credit card you are using.)			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			

CONFIDENTIAL