



STATE OF NEW HAMPSHIRE
APPLICATION FOR REINSTATEMENT
HOME INSPECTOR
\$680.00 Reinstatement Fee

UPDATE APPLICATION FROM LICENSE EXPIRATION DATE

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: _____

2. Registration/Licensure Information

Date you took and passed the National Home Inspectors examination? _____

State _____ Certificate # _____ Date: _____

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

3. Reference of Character and Qualifications

Applicant will give the name, complete address, occupation and business relationship of 1 reference from a licensed home inspector as defined by RSA 310-A:183, VI.

Name	Address including zip code	Occupation/License	Business Relationship to Applicant

4. 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. YES NO
2. Have you ever had any disciplinary action brought against you by any Board or Jurisdiction? YES NO

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

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: YES NO

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

6. Affidavits

RULES OF PROFESSIONAL CONDUCT

I certify to the best of my understanding, knowledge and belief that I have adhered to and agree to abide by the ethical and professional standards of RSA 310-A:185 New Hampshire Code of Administrative Rules Home 600; and

CONTINUING EDUCATION

I attest that the information contained in this form and the attached continuing education activity log is true and correct to the best of my knowledge and belief and complies with the minimum of 20 continuing education hours required by RSA 310-A:192. I further acknowledge that the provision of false information in the application is a basis for disciplinary action by the board:

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

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

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

STATE OF NEW HAMPSHIRE BOARD OF LICENSURE FOR HOME INSPECTORS

121 SOUTH FRUIT STREET, SUITE 201, CONCORD NH 03301

Dear Reference:

An individual has applied for reinstatement to this board for licensure in the State of New Hampshire as a Home Inspector and either has given your name as a reference or has stated that he/she has worked for you or with you. The Board would appreciate your sending the information requested on the reference form on the following page, and assure you that such information as you give will be treated in the strictest confidence. You may attach additional pages as needed.

This Board is required by law to obtain evidence of the good character of the applicant and his/her qualifications as a home inspector before issuing a certificate of licensure. Statements made on this form by responsible persons with actual knowledge of the applicant's character and qualifications will be considered by the Board as evidence and filed as part of the application.

The Board urges that evidence submitted on this form not be perfunctory, but be considered carefully. The Board, in making its decisions, must rely to a great extent on the evidence submitted by references. Since these decisions may affect the life, health, property and welfare of the public, you have a grave responsibility to provide the Board with a fair and honest appraisal of the applicant.

Since the Board cannot reinstate the applicant until the reference is returned, a prompt reply will expedite consideration of the applicant's request for reinstatement. Please make certain that you enter the applicant's name on the reference form.

Very truly yours,



Linda Balich
License Clerk

Re: Application of _____

(NAME IS REQUIRED)

THIS IS CONFIDENTIAL INFORMATION - FOR USE OF BOARD MEMBERS ONLY

1. What is your full name _____
(to be typewritten or printed)
2. What is your address _____
(street and number) (city or town)
3. What is your present business or profession? _____
4. Are you a licensed Home Inspector? _____ In what State? _____ License # _____
5. How long have you known the applicant? From _____ To _____
6. Are you in any way related to the applicant? _____
7. What has been your business connection with the applicant? _____

8. Do you know anything reflecting adversely on the integrity or general good character of the applicant?

9. Please give a brief estimate of the applicant as an home inspector.

10. Would you employ the applicant in a position of trust? _____
11. If the applicant is connected with a firm, please provide its name and address.

12. Is the applicant qualified to be placed in responsible charge of design or supervision of work? _____
13. If the applicant is in individual practice, please indicate the nature of such practice _____
14. Do you recommend the applicant for licensure as a Home Inspector? _____
15. In my opinion the applicant has _____ years of home inspecting experience.
16. Remarks concerning the applicant _____

I make the above statements with full knowledge that the person referred to is making application for licensure to the State of New Hampshire as a Home Inspector.

Date _____

Written Signature _____

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