



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301
Phone: 603-271-2152

RETURN THIS CHECKLIST WITH YOUR APPLICATION

APPLICATION CHECKLIST

CANIDATE NAME: _____

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

Have you:

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 date the application?

Included the correct fee with the check made payable to Treasurer, State of NH?

Included proof of completion of 80 hours of board approved education?

Included this checklist with your application?



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APPLICATION FOR LICENSURE AS A HOME INSPECTOR
\$200.00 Application Fee

The application must be filled out completely and legibly.
Check payable to "Treasure, State of NH" **(Non-Refundable Fee)**

General Information

Name: _____
Last First Middle

Names Previously Used (if applicable) _____ SSN# _____

Residence Address: _____

Email: _____

Business name (Organization and Title) _____

Business Address: _____

Business Phone: _____ Personal Phone: _____

Place of Birth: _____ Date of Birth: _____

Registration / Licensure Information

Have you taken and passed the National Home Inspectors or equivalent exam? Yes No

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 #: _____

Expiration date: _____ Licensed by Education & Experience, or Exam: _____

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



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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 #	State	Year Licensed	#Hours Written Examination	Reciprocity or Graduation	Active or Lapsed

General Information Questions

Check One:

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 sentence imposed. Yes No

2. Have you submitted the completed criminal record release authorization form and fee to the NH Division of State Police? Date of Submission: _____ Yes No

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? Yes No

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. Yes No

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



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Education

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

Institution & Location	From	To	High School Diploma or Equivalent date awarded
High School			
HS Diploma Equivalency			
Approved Pre-Licensing Course			

Liability Insurance Coverage

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 Certificate Holder
3. Category of and minimum amounts of coverage
4. Insurance cancellation policy



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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 (indicate years/months)	Name of employer – Title of Position, Location and Character of each position, and degree of responsibility	Number of home inspections performed per week (hours worked per week)



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AFFIDAVITS

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

Signature of Applicant

Date

ADDRESS ALL COMMUNICATIONS TO:

Office of Professional Licensure and Certification
Board of Home Inspectors
7 Eagle Square
Concord NH 03301



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OPTIONAL INFORMATIONAL QUESTION
REGARDING MILITARY EXPERIENCE AND/OR RELATIONSHIP
TO MILITARY PERSONNEL TRANSFERRED TO NEW HAMPSHIRE

Dear Applicant,

Pursuant to New Hampshire RSA 332-G:7, each board supported by the New Hampshire Office of Professional Licensure and Certification (OPLC) shall:

1. “upon presentation of satisfactory evidence with an application for licensure, certification, or registration, accept education, training, or service completed by an individual as a member of the armed forces, as defined in RSA 21:50, II, toward the qualifications required to receive the license, certificate, or registration in question”
 - a. **RSA 21:50, II – “Armed Forces” means the United States Army, Army Reserve, Navy, Naval Reserve, Marine Corps, Marine Corps Reserve, Air Force, Air Force Reserve, Coast Guard, Coast Guard Reserve, Army National Guard, and the Air National Guard. “Armed Forces” also includes other components but is limited to those components and active duty periods described in 38 C.F.R. 3-7.**

Or

2. “Notwithstanding any general or special law to contrary, each of the boards or commissions under this title authorized to conduct licensure, certification, or registration, and examinations therefor, shall upon the presentation of satisfactory evidence by an applicant before the board or commission, facilitate the issuance of a license or certification for a person: (i) who is certified or licensed in a state other than New Hampshire; (ii) whose spouse is a member of the armed forces in the United States; (iii) whose spouse is the subject of a military transfer to New Hampshire; and (iv) who left employment to accompany a spouse to New Hampshire. The procedure shall include, but not be limited to, facilitating the issuance of a license, certificate, or registration if, in the opinion of the board or commission, the requirements for licensure, certification, or registration of such other state are substantially equivalent to the requirements for licensure, certification, or registration in New Hampshire.

Please place a check mark in all that apply below:

I **am** eligible for consideration as defined in paragraph 1 above.

I **am not** eligible for consideration as defined in paragraph 1 above.

I **am** eligible for consideration as defined in paragraph 2 above.

I **am not** eligible for consideration as defined in paragraph 2 above.