



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? <b>Date of Submission</b> _____                                     | <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
<b>High School</b>			
1.			
<b>High School Diploma Equivalency</b>			
1.			
<b>Approved Pre-Licensing Course - not required for candidates applying pursuant to the Grandfather Provision.</b>			
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   |                          |                          |
| 2. Name of the Certificate Holder  |                          |                          |
| 3. Category of and minimum amounts of Coverage   |                          |                          |
| 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
Indicate years/months	2. Location and Character of Each Position	(hours worked per week)
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.

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Signature of Applicant

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Date

**ADDRESS ALL COMMUNICATIONS TO:**

Office of Professional Licensure and Certification  
**BOARD OF HOME INSPECTORS**  
121 SOUTH FRUIT STREET  
CONCORD, N.H. 03301

***Find us on the on-line at [https://www.opic.nh.gov/  
home-inspectors/index.htm](https://www.opic.nh.gov/home-inspectors/index.htm)***

rev. 11/5/17

**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**

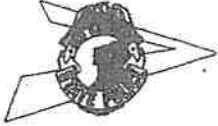
Applicant Name:	Date of Birth:
Address:	
City	State
Zip	

\*\*\*\*\*

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

**OPLC 0Hpme Inspectprs, 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			
<b>II. MINIMUM REQUIREMENTS WERE:</b>			
1. <input type="checkbox"/> Written Exam	Hours	Results	EBPHI (yes/no)
			Exam Date
National Home Inspectors Examination (EBPHI)			
2. <input type="checkbox"/> Comity with:			
3. <input type="checkbox"/> Education and Experience:			
4. <input type="checkbox"/> Other:			
<b>III. QUESTIONS</b>			
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:		<b>Mandatory Board Seal</b>	
By:			
Title:			
Date:			



# State of New Hampshire

Department of Safety  
DIVISION OF STATE POLICE

Criminal Records Unit

33 Hazen Drive, Concord, NH 03305

## CRIMINAL HISTORY RECORD INFORMATION RELEASE AUTHORIZATION FORM

### INSTRUCTIONS

NH RSA 106-B:14 and Administrative Rule Saf-C 5700 authorizes the dissemination of NH Criminal History Record Information (CHRI) for non-criminal justice purposes. In NH, all CHRI is confidential and released only upon the knowledge and permission of the individual of whom the request is made. Individuals requesting their own record in person need only to complete Section I. If the CHRI is to be released to a third party, both Section I and Section II must be completed. All requests by mail must have both sections completed and Section II notarized.

### SECTION I (PLEASE PRINT CLEARLY)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Maiden \_\_\_\_\_ MI \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_ Male  Female   
Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signed under penalty of unsworn falsification pursuant to RSA 641:13

### PURPOSE OF RECORD

Housing  Employment  Annulment/Expungement  Other \_\_\_\_\_

### SECTION II

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

Person or Entity to Receive Record Rick Wisler Board of Home Inspectors

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of person/entity to receive record *Rick Wisler* (Affix seal) Date 10-8-19

### RECORD CHALLENGE

**Saf-C 5703.12 Procedure for Correcting a CHRI** (a) Persons or their attorneys desiring access to their CHRI for the purpose of challenge or correction shall appear at the central repository. (b) A copy shall be provided to a person if after review he/she indicates he/she needs the copy to pursue the challenge. (c) Any person making a challenge shall identify that portion of his/her CHRI which he/she believes to be inaccurate or incorrect, and shall also give a correct version of his/her record with an explanation of the reason that he/she believes his/her version to be correct. (d) The director shall take the following actions within 30 days of receipt of challenge: (1) Review the records and contact the law enforcement agency or court which submitted the record to compare the information to determine whether the challenge is valid; (2) if the challenge is valid, which means there is a discrepancy between the information submitted and the information maintained by the law enforcement agency or court, the record shall be corrected and the person and appropriate CJAs shall be notified; and (3) If the challenge is invalid, the person shall be informed and advised of the right to appeal pursuant to RSA 541. (e) When a record has been corrected, the division shall notify all non-criminal justice agencies, to whom the data has been disseminated in the last year, of the correction. (f) The person shall be entitled to review the information that records the facts, dates, and results of each formal stage of the criminal justice process through which he passes, to ensure that all such steps are completely and accurately recorded.

**WARNING:** The Division of State Police is the Criminal Record Repository for the State of New Hampshire. The record you have received is based only on what has been reported to the Repository and may not be a complete Criminal History Record of the named individual.

To prevent a delay in processing, I have enclosed a self-addressed envelope.  
 Prepaid Acc't Number \_\_\_\_\_

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.**

Fax: 603-271-7928

**This page will be destroyed after the transaction has taken place.**

Transaction Type:		Amount Due:	
Card Type: (please select one) <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <b>(required)</b>			
Card Number		<b>(required)</b>	
Expiration Date:	Month:	Year:	<b>(required)</b>
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 :			

Rev. 5/16 Any payment for issued licenses or certifications are non-refundable.

**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."

***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 the 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