

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF TECHNICAL PROFESSIONS

121 South Fruit Street

Concord, N.H. 03301-2412

Telephone 603-271-2219 · Fax 603-271-6990

PETER DANLES
Executive Director

LINDA CAPUCHINO
Division Director



NH HOME INSPECTOR RENEWAL FORM

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____ AMOUNT DUE _____

NAME _____ LICENSE # _____

HOME ADDRESS _____

HOME PHONE _____

BUSINESS NAME & ADDRESS _____

WORK PHONE _____

Indicate mailing address by check box EMAIL ADDRESS _____

Part II. FEE SCHEDULE CRITERIA PAYMENT INFORMATION

Renewal Fee \$200.00 Payable by last day of the month of licensee's birth. Make check payable to "Treasurer, State of New Hampshire" **OR** use the enclosed credit card sheet

Late fee \$40.00 per month Include \$40.00 per month or fraction of a month the renewal is late. Make check payable to "Treasurer, State of New Hampshire" **OR** use the enclosed credit card sheet

Part III. Additional Requirements – Missing items will delay your license

Proof of Liability Insurance

PART IV. QUESTIONS Include an explanation if "yes" 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, the date of conviction, and the sentence imposed.

2. Have you ever had any disciplinary action brought against you by any Board or Jurisdiction?

PART V. CERTIFICATION

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:

SIGN HERE



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 (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 :			