



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.

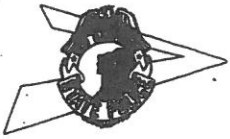
Please place a check mark in all that apply below:

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.



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 _____

Address 7 Eagle Square _____ City Concord _____ State NH _____ Zip 03301 _____

Your Signature _____ Date _____

Notary's Signature _____ Date _____

Signature of person/entity to receive record _____ (Affix seal) _____ Date _____

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.