

The Commonwealth of Massachusetts
Division of Professional Licensure
 1000 Washington Street, 7th floor, Boston MA 02118
www.mass.gov/dpl/boards/hi/index.htm

Board of Registration of Home Inspectors
(617) 727-0131

BOARD USE ONLY

Ex. Date _____

Ex. Result _____

Cert. Date _____

Cert. No. _____

**Application for Home
 Inspector License**

Home Inspector Fee \$338.00

Attach certified **CHECK** or
MONEY ORDER payable to the
 Commonwealth of MA.
DO NOT SEND CASH

Please Use Ink or Type - Must Be Neat And Legible

Last Name										Jr., Sr., III, etc.		First Name					M. I.	
Number, Street/ P. O. Box															Apt. No.			
City or Town										State		Zip						
Telephone Number					Social Security Number													

Pursuant to M.G.L c. 62C, s. 47A, the Division of Professional Licensure is required to obtain your social security number and forward it to the Department of Revenue. The Department of Revenue will use it to ascertain whether you are in compliance with tax laws of the Commonwealth.

Date of Birth

Month	Day	Year
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PHOTO
 Photograph taken less than 1 year prior to filing application
 Do not use staples -
 Paste or cellophane tape only - 2" X 2" passport type

Date of National Home Inspector Exam _____ (Taken prior to Associate) **Attach copy of photo score report**

Issue Date of Associate Home Inspector license _____

Associate Home Inspector License Number _____

Attended _____ High School

Graduation Date _____ GED _____

Board Use Only	
Number of Inspections	Total _____
Application	Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>
_____ Executive Director/Designee	

Home Inspector Application

Applicant's Name _____

1. List any licenses/certifications you hold in the United States or any country or foreign jurisdiction and the state/jurisdiction from which the license/certification was originally issued. Please attach a certificate of standing from each state or jurisdiction in which you are licensed/certified, indicating the status of your license and any relevant disciplinary information.

2. Has any disciplinary action been taken against you by a licensing/certification board located in the United States, any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

3. Are you the subject of pending disciplinary actions by a licensing/certification board located in the United States or any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

4. Have you ever voluntarily surrendered or resigned a professional license to a licensing/certification board in the United States or any country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

5. Have you ever applied for and been denied a professional license in the United States or any country of foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

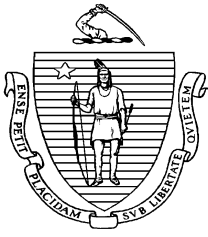
6. Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a traffic violation for which a fine of less than \$100.00 was assessed? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):

The Board is certified by the Criminal History Systems Board (ID# MAREG G) to access data about convictions and pending criminal cases. Those records --and other Federal and professional records---may be checked as part of your licensing process. No records are automatic disqualifiers; you will be given an opportunity to discuss any issues with the Board.

_____ being duly sworn says that he is the person who is referred to in this application for certificate as licensed Home Inspector or Associate Home Inspector , in the State of Massachusetts; that the statements herein contained are strictly true in every respect and that he has complied with all requirements of law.

before me this _____ (Signature of Applicant)

day of _____ 19____ (Seal) s/ _____ (Person Administering Oath)



The Commonwealth of Massachusetts
Division of Professional Licensure
1000 Washington Street, 7th Floor, Boston, MA 02114

Board of Registration of Home Inspectors
(617) 727- 0131
www.mass.gov/dpl/boards/hi/index.htm

Associate Inspector Home Inspections List

Name of Applicant _____

Please List 100 home Inspections you have performed

Date	Address	Client
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