



**New Jersey Office of the Attorney General**  
Division of Consumer Affairs  
State Board of Professional Engineers and Land Surveyors  
Home Inspection Advisory Committee  
124 Halsey Street, 3rd Floor, P.O. Box 45043  
Newark, New Jersey 07101  
(973) 504-6233

**Instructions for Completing the Application  
for Reinstatement or Reactivation**

**For Home Inspectors:**

Please be advised that under the New Jersey Uniform Enforcement Act (N.J.S.A. 45:1-7.1b), a license shall be suspended 30 days following the expiration date. A license may be reinstated provided that the applicant otherwise qualifies for licensure, and complies with the provisions of N.J.S.A. 45:1-7.4.

**1. Reinstatement:**

- a. Submit a completed reinstatement application.
- b. Submit a signed and dated certification of employment listing each job held during the period of suspended license, which includes the names, addresses, and telephone numbers of each employer.
- c. Submit payment of the renewal fee (\$500.00) for the biennial renewal period for which reinstatement is sought.
- d. Submit payment of the unpaid renewal fee (\$500.00), if applicable, for the biennial period immediately preceding the renewal period for which reinstatement is sought.
- e. Submit payment of a reinstatement fee (\$125.00).
- f. Submit proof of having completed required continuing education credits.
- g. Submit a copy of a current errors and omissions insurance policy.

**2. Reactivation:**

- a. Submit a completed reactivation application.
- b. Submit a signed and dated certification of employment listing each job held during the period of suspended license, which includes the names, addresses, and telephone numbers of each employer.
- c. Submit payment of the renewal fee (\$500.00) for the biennial renewal period for which reactivation is sought.
- d. Submit proof of having completed required continuing education credits (See N.J.A.C. 13:40-15.11)
- e. Submit a copy of a current errors and omissions insurance policy.

Pursuant to N.J.S.A. 45:1-7.4e, if a board/committee review of an application for reinstatement or reactivation establishes a basis for concluding that there may be practice deficiencies in need of remediation prior to reinstatement or reactivation, the board/committee may require the applicant to submit to and successfully pass an examination or an assessment of skills, a refresher course, or other requirements as determined by the board/committee prior to reinstatement or reactivation.

Please note: You must possess an active New Jersey license in order to practice as a home inspector in New Jersey. Conducting and signing a home inspection report without an active license may be considered unlicensed practice, and may result in disciplinary action.

**Please submit all of the above-referenced documents to:**

**New Jersey State Home Inspection Advisory Committee**  
124 Halsey Street, 3rd Floor  
P.O. Box 45043  
Newark, New Jersey 07101

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs

State Board of Professional Engineers and Land Surveyors

Home Inspection Advisory Committee

124 Halsey Street, 3rd Floor, P.O. Box 45043

Newark, New Jersey 07101

(973) 504-6233

## **Application for Reinstatement or Reactivation**

**You may not practice in the State of New Jersey until your license is in an active status.**

Please select the status your license is currently in: ☐ Suspended ☐ Inactive ☐ Inactive-Paid

N.J. License/Certificate No.: \_\_\_\_\_ Initial License/Certificate Date: \_\_\_\_\_

Year of last renewal: \_\_\_\_\_

This application must be completed and accompanied by the enclosures noted on the instruction sheet and the total fee noted on the enclosed invoice.

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application (including your address of record) may be subject to public disclosure as required by the Open Public Records Act (OPRA).

**Please print clearly. You must answer all of the questions on this application.**

### **Section I**

#### **Personal Information**

Date of birth: \_\_\_\_\_  
Month Day Year

1. Name \_\_\_\_\_  
Last name First name Middle initial Maiden name

#### **2. Address**

☐ Home: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
E-mail address

☐ Business: \_\_\_\_\_  
Name of company Telephone number (include area code)

\_\_\_\_\_  
Street City State ZIP code County

☐ Mailing: \_\_\_\_\_  
Street or P.O. Box City State ZIP code County

3. \*Social Security No: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,60.8 and 60.9, the Board is required to obtain your Social Security number. Pursuant to these authorities, the Board is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records; and
- b. the Probation Division or any other agency responsible for child-support enforcement, upon request.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen  
☐ Alien lawfully admitted for permanent residence in U.S.  
☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
  - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
  - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of reinstatement/reactivation of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

\_\_\_\_\_  
Applicant's name (please print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Proof of Insurance**

N.J.S.A. 45:8-76 requires that every "licensed home inspector who is engaged in home inspection shall secure, maintain and file with the board proof of a certificate of an error and omissions policy, which shall be in a minimum amount of \$500,000 per occurrence. Every proof of an error and omissions policy required to be filed with the board shall provide that cancellation or nonrenewal of the policy shall not be effective unless and until at least 10 days' notice of intention to cancel or nonrenew has been received in writing by the board."

\_\_\_\_\_  
Name of agent

\_\_\_\_\_  
Name of insurance company

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

\_\_\_\_\_  
County

\_\_\_\_\_  
Telephone number (include area code)

\_\_\_\_\_  
Policy number

\_\_\_\_\_  
Expiration date

Section II

Information Regarding Practice During Period of Suspended/Expired Licensure

Were you engaged in the practice of your profession or occupation in New Jersey during the period that your New Jersey license was **not** in an active status? ☐ Yes ☐ No

If “Yes,” please provide a description of work performed or a list of projects signed and sealed during the lapsed period along with the corresponding date of signature. You may use additional sheets of paper if necessary.

	Description/Project	Date Signed and Sealed
1		
2		
3		
4		
5		
6		
7		
8		

Section III

Provide the requested information for every position held, since the last biennial period during which your license/certificate was in active status.

Employer’s name: \_\_\_\_\_

Employer’s address: \_\_\_\_\_  
Street

City State ZIP code

Immediate Supervisor’s name: \_\_\_\_\_

Immediate Supervisor’s address: \_\_\_\_\_  
Street

City State ZIP code

Employer’s title or position: \_\_\_\_\_

Employer’s telephone number: \_\_\_\_\_ (Include area code) Immediate Supervisor’s telephone number: \_\_\_\_\_ (Include area code)

Dates employed: from: \_\_\_\_\_ month day year to: \_\_\_\_\_ month day year



Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_  
Street

City State ZIP code

Immediate Supervisor's name: \_\_\_\_\_

Immediate Supervisor's address: \_\_\_\_\_  
Street

City State ZIP code

Employer's title or position: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ (Include area code) Immediate Supervisor's telephone number: \_\_\_\_\_ (Include area code)

Dates employed: from: \_\_\_\_\_ month day year to: \_\_\_\_\_ month day year

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_  
Street

City State ZIP code

Immediate Supervisor's name: \_\_\_\_\_

Immediate Supervisor's address: \_\_\_\_\_  
Street

City State ZIP code

Employer's title or position: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ (Include area code) Immediate Supervisor's telephone number: \_\_\_\_\_ (Include area code)

Dates employed: from: \_\_\_\_\_ month day year to: \_\_\_\_\_ month day year

Employer's name: \_\_\_\_\_

Employer's address: \_\_\_\_\_  
Street

City State ZIP code

Immediate Supervisor's name: \_\_\_\_\_

Immediate Supervisor's address: \_\_\_\_\_  
Street

City State ZIP code

Employer's title or position: \_\_\_\_\_

Employer's telephone number: \_\_\_\_\_ (Include area code) Immediate Supervisor's telephone number: \_\_\_\_\_ (Include area code)

Dates employed: from: \_\_\_\_\_ month day year to: \_\_\_\_\_ month day year

You may use additional copies of this page if necessary.

## Section IV

Answer all of the following questions as they pertain to the time period since you were last licensed or certified in New Jersey.

1. Since your last renewal have you been arrested, charged or convicted of any crime or offense **that you have not already reported to your board/committee?** (Minor traffic offenses, such as speeding or parking, need not be provided but motor vehicle offenses such as driving while impaired or intoxicated must be disclosed.) ☐ Yes ☐ No
2. Since your last renewal has any action been taken or is any action now pending against your professional license or have you been permitted to surrender or otherwise relinquish your license to avoid inquiry, investigation or action by any other licensing authority **that you have not already reported to your board/committee?** ☐ Yes ☐ No
3. Have you completed the continuing education units as required as part of the reinstatement/reactivation of your license? If you answered "Yes," please attach a copy of all of the certificates you have earned to this application. ☐ Yes ☐ No

## Section V

1. Do you currently hold, or have you ever held, a professional license or certificate (other than your New Jersey license as a professional engineer or land surveyor) of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No  
If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

_____	_____	_____	_____
Last name	First name	Middle initial	
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

2. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
3. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
4. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
5. Have you ever been named as a defendant in any litigation related to the practice of engineering, land surveying or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
6. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
7. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No
8. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of engineering, land surveying or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 2 through 8, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

## **Section VI**

### **CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION**

I, \_\_\_\_\_, in making this application to the Board or Committee for reinstatement/reactivation of certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny reinstatement/reactivation or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for reinstatement/reactivation. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

---

Signature of applicant

---

Date



**New Jersey Office of the Attorney General**

Division of Consumer Affairs

State Board of Professional Engineers and Land Surveyors

Home Inspection Advisory Committee

124 Halsey Street, 3rd Floor, P.O. Box 45043

Newark, New Jersey 07101

(973) 504-6233

**Continuing Education Compliance Report Form**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

I certify that the foregoing statements made by me are true to the best of my knowledge. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment, including but not limited to suspension or revocation of a license and/or certification under N.J.S.A. 45:1-21.

Signature: \_\_\_\_\_

<b>Title of Program</b> Attach copies of the certificates*	<b>Date</b>	<b>Program Provider</b>	<b>Contact Hours</b>
*A total of 40 units of continuing education is required. Attach a copy of the certificate of completion/attendance for each program completed. Please see <u>N.J.A.C. 13:40-15.14</u> for information concerning required continuing education.			<b>Total</b> _____