

Attach two clear, full-face pass-
port-style photographs (2" x 2")
of your head and shoulders, taken
within the past six months.

Two photographs are required
with each application.

Do not use staples to attach the
photographs.



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

Photo #2

Application for Licensure as a Home Inspector

Date: _____

For Office Use Only

Application number: _____

A nonrefundable application filing fee of \$125, in the form of a check or money order made payable to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

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.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____

1. Name Mr. _____
 Mrs. _____ (_____)
 Ms. _____
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 Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*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 or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee 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 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

6. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

7. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

8. Do you currently hold, or have you ever held, a professional or occupational license or certificate (i.e. radon measurement technician or specialist, radon mitigation technician or specialist, etc.) 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
_____	_____	_____	_____
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_____	_____	_____	_____
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

9. Have you ever been disciplined or denied a professional or occupational license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

10. Have you ever had a professional or occupational 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

11. Has any action (including the assessment of fines or other penalties) ever been taken against your professional or occupational practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever been named as a defendant in any litigation related to the practice of home inspection or other professional or occupational practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Are you aware of any investigation pending against a professional or occupational license or certificate issued to you by a professional or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. 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

15. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional or occupational group related to the practice of home inspection or other professional or occupational 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 9 through 15, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

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	

Education

1. What is the name and address of the high school you attended? _____
Name of high school

Street address City State ZIP code

2. What years did you attend high school? _____

3. Did you graduate from high school? Yes No

If “Yes,” what was the date of your graduation? _____
Month Year

If “No,” did you study to receive a G.E.D. certificate? Yes No

If “Yes,” please provide the name and address of the educational institution that issued your G.E.D. certificate and the date the certificate was issued.

Name of educational institution

Street address City State ZIP code

Date certificate was issued

4. (Complete this section if you are applying for licensure pursuant to N.J.S.A. 45:8-68c(1)).

N.J.S.A. 45:8-68c(1) requires that “a home inspector has successfully completed an approved course of study of 180 hours which shall include not less than 40 hours of unpaid field-based inspections in the presence of and under the direct supervision of a licensed home inspector, which inspections shall be provided by the school providing the approved course of study.” Please indicate the name and address of the educational institution that offered the approved course of study you completed.

Attach a copy of the certificate of completion furnished by the school.

Name of educational institution

Street address City State ZIP code

Date completed

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

Name of educational institution			
Street address	City	State	ZIP code
Date completed			

5. Have you taken the National Home Inspector examination administered by the Examination Board of Professional Home Inspectors (EBPHI)? Yes No

If "Yes," please indicate the date you passed the examination.

_____ Date

Employment Record

(Please list any and all previous employment history even if not related to home inspection.)

Current Employment

Employee

Owner

Shareholder

a.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title	Applicant's title	

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

Previous Employment

Employee

Owner

Shareholder

b.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title	Applicant's title	

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

Employee

Owner

Shareholder

c.

Name of company or private practice		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor	Supervisor's title	Applicant's title	

Dates of employment: from _____ to _____
Month/Year Month/Year Total hours worked per week

Description of job functions and responsibilities: _____

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } *ss.*

I, _____, in making this application to the Home Inspection Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Home Inspection Advisory Committee, swear (or affirm) that I am the applicant and that all 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 licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 through 13:40-15.23, and fully understand that in receiving licensure or certification from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. 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 Committee.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here



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Certification of Providing Direct On-Site Supervision For a Home Inspector Applicant

The purpose of this form is as follows: A New Jersey licensed Home Inspector must attest to the fact that he or she has been present for and provided direct supervision to the applicant for licensure as a Home Inspector during the applicant's performance of the 250 required inspections and/or 40 hours of field inspections provided by an approved school. Additionally, the New Jersey licensed Home Inspector must take full responsibility for the inspections and any report produced from said inspections. [See N.J.S.A. 45:8-68 et seq. and N.J.A.C. 13:40-15.6a]

Certification of Direct On-Site Supervision

I, _____, in completing this certification for the Home Inspection Advisory Committee, have been present for and provided direct supervision over _____ (#) training inspections to _____ (name of applicant) in his or her quest to qualify as a Home Inspector. These inspections were performed during the period of ___/___ through ___/____. Each inspection has been identified below.
Mo. Yr. Mo. Yr.

I (the applicant) further swear (or affirm) that I have read N.J.S.A. 45:8-61 et seq., together with the Rules and Regulations of the Home Inspection Advisory Committee, N.J.A.C. 13:40-15.1 through 15.23, and fully understand that in receiving licensure from the Committee, I have bound myself to be governed by N.J.S.A. 45:8-61 et seq. and N.J.A.C. 13:40-15.1 through 15.23.

Signature of licensee

New Jersey Home Inspection License Number

Signature of applicant

New Jersey Application Number

Date of Inspection	Client's Name	Client's Address	Client's Telephone Number	Representative's Name and Telephone Number (if applicable)

**** Attach additional sheets of paper if needed.