



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 an Home Inspector Licensure Application for NJ Professional Engineers

Please read the following information carefully before completing an application for licensure as a Home Inspector.

If you previously held a Home Inspector's license in New Jersey, DO NOT complete this application. You must complete an application for reinstatement/reactivation.

Please visit the Committee's website at www.njconsumeraffairs.gov/hom/Pages/default.aspx for information concerning licensing requirements.

1. Complete the application for Home Inspector Licensure for NJ Professional Engineers is available at: www.njconsumeraffairs.gov/pels/Pages/applications.aspx . Answer ALL of the questions.
2. Sign the application in the presence of a notary public (Page 8). Your application must be notarized or it will be returned to you which will delay the process.
3. Attach (2) two clear, full-face original color passport-style photographs (2" x 2") of your head and shoulders taken within the past six months. (Photocopies and selfies are **not** acceptable.)
4. Complete the Training and Experience portions on the Board-approved form attached to the application. The Board will **not** accept any other form.
5. If you are applying by comity, provide written verification of licensure in good standing from all states in which you are licensed.
6. If you are a legal alien or have other immigration status, please submit your USCIS immigration documents. (Submit a copy of both the front and the back of your card.)
7. Submit criminal history documents (if applicable).
8. Submit copies of all disciplinary actions taken against your professional land surveyor's license(s) in any other jurisdiction (if applicable).
9. Please submit a nonrefundable application fee in the form of a check or money order, payable to the State of New Jersey, in the amount of \$125.00.
10. Once your application has been fully approved by the Board, you will receive a License Activation Form. Please complete this form and submit a license fee in the form of a check or money order, payable to the State of New Jersey, in the amount stated on the License Activation Form.

Please submit all of the above-referenced documents to:

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

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.



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Photo #2

For Office Use Only
Application number:

Home Inspector Licensure Application for NJ Professional Engineers

Date: _____ NJ Professional Engineers License 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 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

7. 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

8. 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.)

9. Do you currently hold, or have you ever held, 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

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

10. 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

11. 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

12. 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

13. Have you ever been named as a defendant in any litigation related to the practice of engineering, 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

14. 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

15. 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

16. 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 10 through 16, 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	

Employment Record

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 _____		Total hours worked per week		
Month/Year		Month/Year		

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 _____		Total hours worked per week		
Month/Year		Month/Year		

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 _____		Total hours worked per week		
Month/Year		Month/Year		

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