



APPL # _____
For Official Board
Office use only

STATE OF NEW HAMPSHIRE
APPLICATION FOR LICENSURE AS A
HOME INSPECTOR

\$200.00 Application Fee

Category applying for, check one:

- Initial License - 80 Hrs. of Board approved Education
 Initial License - Grandfather Provision

Check or Money order Payable to "Treasurer, State of NH" or complete the enclosed credit card form
(All Fees are Non-Refundable) The Application must be filled out completely and legibly.

1. General Information

Name _____
Last First Middle

Names Previously Used (if applicable) _____ Social Security # _____

Residence Address _____ ()
zip code

Present Position (Organization & Title) _____

Business Address _____ ()
zip code

Business Phone _____ Home Phone _____

E-Mail Address _____

Place of Birth _____ DOB _____
Indicate mailing address by marking X in parenthesis

2. Licensure/Examination Information

Have you passed the **National Home Inspectors or equivalent examination?** _____

If so, location, date and grade awarded: _____
(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 _____ License Number _____ Licensed by Examination? _____

Licensed by Education & Experience, no exam? _____

Have you **ever** applied for home inspection licensure in **New Hampshire?** _____ Status _____

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 Grandfather	Active or Lapsed
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. General Information Questions

CHECK ONE:

- | | YES | NO |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 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 the sentence imposed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you submitted the completed criminal record release authorization form and fee to the NH Division of State Police? Date of Submission _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> | <input type="checkbox"/> |

If the answer is yes to questions 1, 3 or 4 above, a written explanation is required with your application

4. Education

1. A High School Diploma or the Equivalent Is Required to qualify for licensure.

INSTITUTION AND LOCATION	FROM	TO	HIGH SCHOOL DIPLOMA OR EQUIVALENT DATE AWARDED
High School:			
1. _____			
High School Diploma Equivalency			
1. _____			

5. Liability Insurance Coverage

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| I have enclosed proof of liability insurance coverage required per RSA 310-A:191 (d) and Administrative Rule 301.03 (b) which consists of: | <input type="checkbox"/> | <input type="checkbox"/> |
| 1. Name and Address of the Insurance Company | | |
| 2. Name of the Certificate Holder | | |
| 3. Category of and minimum amounts of Coverage | | |
| 4. Insurance cancellation policy. | | |

6. 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)

Dates		1. Name of Employer-Title of Position 2. Location and Character of Each Position 3. Degree of Responsibility	No of Home Inspections performed per week (Hrs worked per week)
Years/Month FROM	TO		

7. Affidavits

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material, not only to the issuance of the certificate of licensure, as applied for, but also to the retention of said license, if issued.

(Signature of Applicant)

ADDRESS ALL COMMUNICATIONS TO:

N.H. JOINT BOARD
57 REGIONAL DRIVE
CONCORD, N.H. 03301

Find us on-line at www.nh.gov/jtboard/home.htm

Rev. 8/18/09

NH BOARD OF HOME INSPECTORS
BOARD APPROVED EDUCATION FOR INITIAL LICENSURE*

***This form is not required from candidates applying pursuant to the Grandfather Provision of RSA 310-A:190 and administrative rule Home 302.01 (e).**

	Date(s) or Date Range	Nature of Activity and Sponsoring Organization Location and Speaker/Instructor (As Applicable)	Course Hours	Proof Attached
			Cumulative Hours	
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes
				No
				Yes

RSA 310-A:190 & ADMINISTRATIVE RULE HOME 302.01 REQUIRES A MINIMUM OF 80 HOURS OF BOARD APPROVED EDUCATION FOR LICENSURE
Attach proof of 80 hours of course completion to this form.



APPLICATION INSTRUCTIONS AND CHECKLIST FOR HOME INSPECTORS

A complete New Hampshire Home Inspector Application and supporting documentation must include the following items:

1. A Check or Money order Payable to "Treasurer, State of NH" or complete the enclosed credit card form for payment of the application fee of \$200.00.
2. A completed, legible, signed and dated application.
3. The Board office must receive a criminal record report from the NH Division of State Police.
4. Proof of liability Insurance coverage pursuant to Home 301.03 (b).
5. Proof of passing the National Home Inspectors Examination or *equivalent Board approved Home Inspector competency examination.
6. A listing of 80 hours of Board approved education for individuals not applying pursuant to the grandfather provision.
7. Documentation of course completion which includes certificates of completion indicating successful completion of 80 hours of Board approved education or written confirmation from a training facility/institution indicating the number of instructional hours and the content area of instruction totaling 80 hours of Board approved education.

General - Provide all the information requested on the application form. **Do Not** substitute a resume or other synopsis of your experience and/or education for any part of the application form. If additional space is needed, please photocopy that portion.

Verifications for Reciprocity - Enclosed you will find a copy of a blank verification of licensure/registration form. If you have taken the **National Home Inspectors Examination** in another jurisdiction to obtain licensure or are applying by reciprocity, complete Part A and send the verification form to the jurisdiction along with any fee they may charge. Make copies if needed. For each verification form mailed, you should include a **stamped** envelope on which you have placed the New Hampshire Board address label.

Examinations - *Acceptance of Board approved equivalent competency exams pertains only to candidates applying for licensure pursuant to the grandfather provision of Home 302.01 (e).

**RETURN THIS CHECKLIST WITH YOUR APPLICATION
HOME INSPECTOR
APPLICATION CHECKLIST**

Candidate Name

Before you mail your application to the Board, please check the following items carefully. Your attention to these details will make it possible for the Board Staff to process your application without delay.

Have you:

_____ Marked the box on the application form indicating which address you want us to use?

_____ 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 the application?

_____ Included the correct fee with the check made payable to **Treasurer, State of NH** or completed the attached credit card sheet?

_____ Reciprocity Applicants - Completed Part A of the verification form, sent to the appropriate state board/s along with a stamped envelope on which you have placed one of the New Hampshire Board address labels?

_____ Included the log listing 80 hours of Board approved education?

_____ Included proof of completion of 80 hours of Board approved education?

_____ Included this Checklist with your application?

REQUEST FOR VERIFICATION OF LICENSURE OR EXAMINATION

PART A. Candidate Information

Applicant Name: _____ Date: _____ App #: _____

Address: _____

_____ Date of Birth: _____
 City State Zip Code

PART B. To be completed by verifying Board and returned directly to: **New Hampshire Joint Board, 57 Regional Drive, Concord, NH 03301-8518.** (Phone 603-271-2219)

I. THE ABOVE NAMED PERSON WAS LICENSED AS:

	<u>Certificate</u>	<u>Date</u>	<u>Valid</u>
	<u>Number</u>	<u>Issued</u>	<u>Until</u>

() HOME INSPECTOR _____

II. MINIMUM REQUIREMENTS WERE:

1. () Written Examination:

	<u>Hours</u>	<u>Results</u>	<u>EBPHI</u>	<u>Exam</u>
			<u>(yes/no)</u>	<u>Date</u>

National Home Inspectors Examination (EBPHI) _____

- 2. () Comity with: _____
- 3. () Education and Experience _____
- 4. () Other _____

III. QUESTIONS

- 1. Has any disciplinary action ever been taken against the applicant? _____ Yes _____ No
 - 2. If so, has the disciplinary case been satisfied to the Board's requirements? _____ Yes _____ No
- If not, give details _____

State _____

By: _____

(mandatory board seal)

Title _____

Date: _____

NH JOINT BOARD OF LICENSURE &
CERTIFICATION
57 REGIONAL DRIVE
CONCORD NH 03301-8518

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CONCORD NH 03301-8518

Note: This page may be printed or copied on a 3 by 10 label sheet to create mailing labels for use with verification envelope, or completed application, etc. This setup is for Avery label 5960.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
 Central Repository for Criminal Records
 33 Hazen Drive, Concord, NH 03305

CRIMINAL RECORD RELEASE AUTHORIZATION FORM

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
 LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
 STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

PURPOSE FOR RECORD: Housing Employment Annulment/Expungement Other _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
 Signed under penalty of unsworn falsification pursuant to NH RSA 641:3

SECTION II

IF RECORD IS TO BE MAILED TO YOU, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

Louise Lavertu, Executive Director, NH Joint Board of Licensure & Certification
 NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS 57 Regional Drive Concord NH 03301
 STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
 (Affix Seal) (Comm. Exp.)

Louise Lavertu DATE 6/23/09
 SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$25.00 fee is required for each request- make checks payable to: State of NH – Criminal Records.

