

The Commonwealth of Massachusetts
Division of Professional Licensure
 1000 Washington Street, Suite 710, Boston, MA 02118
www.mass.gov/dpl/boards/hi
Board of Registration of Home Inspectors
 (617) 727-9931

BOARD USE ONLY	
ASSOC LIC _____	
ISS DATE _____	
APP ID _____	
LIC. REC ID _____	
ISS. DATE _____	

**Application for
Home Inspector License**

PHOTO
Do not use staples - Paste or cellophane tape only – 2” X 2” passport type

Print or Type. This is an official Document; please enter your legal name and information.

Social Security Number (required)*		Date of Birth	MA Associate HI License No.		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Last Name		Maiden/Former/AKA	First Name		Middle Init.	Generation
Building number	Street address		Po Box			
City			State		Zip Code	
Primary Phone Number ()		Mobile Phone Number ()		Email Address		Preferred Communication <input type="checkbox"/> Postal Mail <input type="checkbox"/> Email

*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.

- 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.

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

- 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):

- 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):

- 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 admitted to or been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction? Yes No
- 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 record is an automatic disqualifier; you will be given an opportunity for a limited appearance before the Board.
7. By signing I hereby attest to the following:
- I agree to issue Reports in compliance with the Standards of Practice set forth in 266 CMR 7.00 *et seq.*
 - I agree to uphold the standards of ethics and professional conduct set forth in 266 CMR 8.00 *et seq.*
 - I have a copy of the current Board regulations in my office/professional residence.
 - I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Massachusetts Board of State Examiners of Electricians to deny my right to sit as a candidate or to suspend or revoke a license issued to me in accordance with Massachusetts Law. I further attest that, pursuant to M.G.L.c.62C, s. 49A, to the best of my knowledge and belief, I have filed all Mass tax returns and paid all Mass taxes required by law.

(Signature) _____ Date: _____

VERIFICATION BY NOTARY:

On this _____ day of _____, 20____, _____ (name of document signer), personally appeared before me, the undersigned notary public, and proved to me through satisfactory evidence of identification¹ :

- Passport State-issued driver's license Military identification State-issued identification card

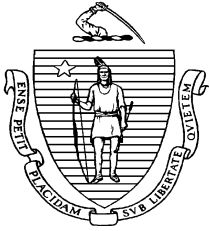
to be the person whose name is signed on the preceding or attached document, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

Notary Public:

Notary Commission Expires On

NOTARY SEAL

¹ If a subject does not have an acceptable government-issued identification, his or her identity shall be verified by other forms of documentation as determined by DCJIS. 803 CMR 2.09(2).



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HOME INSPECTOR SUPERVISION VERIFICATION

This form may be copied for multiple use if necessary. However, all signatures must be original.

Applicant Information

Applicant Name
Applicant Address

Employer Information

Employer Name	Employment Commenced	Employment Ended
Employer Address	Home Inspector Name (if different from employer)	License No.

 Signature of Licensed Home Inspector

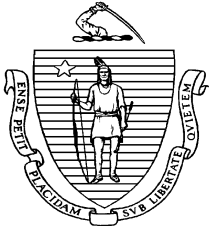
 Date

Pursuant to M.G.L 146 all statements made are subject to the penalties of perjury.

List home inspections performed under direct supervision.

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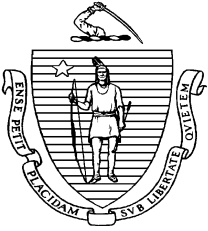
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Home Inspector Licensure Application Instructions and requirements

Item 1. A complete application package shall consist of the following items:

- a. A complete **Home Inspector Licensure Application** with a 2x2 passport quality photo.
- b. Application fee of **\$338** payable by check or money order to the Commonwealth of MA.
- c. Complete Supervisor form(s) from licensed Home Inspectors in good standing.
- d. A total of 100 documented non-mock Home inspections listed on supervisory form.
- e. Documentation of successful completion of 12 contact hours of Continuing Education requirements of 266 CMR 5.01.
- f. Proof of a certificate of errors and omissions insurance policy, which shall be in a minimum amount of \$250,000 in aggregate.

Item 2. Continuing Education Training Credit must be documented according to the following and contain:

- (a) The title of the program or course.
- (b) The number of hours spent in the program or course.
- (c) The name of the Board recognized entity or the academic institution that sponsored the program or course.
- (d) The dates and location that the programs, courses, workshops, or seminars were given.