		The Commonwealth of Massac Division of Professional Lice 1000 Washington Street Boston, MA O www.mass.gov/dpl/Boards Board of Registration of Home Ins (617)727-0131	ensure D2118
Attach un-mounted recognizable recent photograph in this face not less than 3 wide.	t space with 3/4 inches	Application For Home Inspector's License by Reciprocity Application shall be printed in Ink and	Board Use Only Date Received Date Accepted
(Photograph taken more than six months prior to filing application is not accepted.)(Do not use staples when attaching photograph.) Paste or cellophane tape may be used.		Filled out by the Applicant	Certificate No Date of Issue
DO NOT SEND	CASH	money order payable to the Commonwealth of MA.	
	(Name)	(Middle Initial) (Last	t Name) (Maiden name/alias)
Home Address	(No. Stree		(Zip code)
	(No. Stre	et) (City/Town) (State)	(Zip code)
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Social Security	No		
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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 your social security number to ascertain whether you are in compliance with the tax laws of the Commonwealth. The 1st five-digits of your social security number will be redacted from your application for your protection.

Former Employer	_Address				
Your Duties as Employee					
Dates of Employment (From)(to)					
Former Employer	_Address				
Your Duties as Employee					
Dates of Employment (From)(to)					
Have you taken the Home Inspectors examination?					
Date of Exam Pass If passed exam, date and type of license issued	Fail				
Are you a member of the American Society of Home Inspectors? Yes No (Answering no to this question will not affect your eligibility for licensure.)					

1. 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 any disciplinary action been taken against you by a licensing/certification board located in the United States or any 2. country or foreign jurisdiction? 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 3. country or foreign jurisdiction? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary):
- 4. 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? 5. Yes _____ No_____ If yes, please state the details (use a separate sheet if necessary):
- Have you ever been convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other 6. than a traffic violation for which a fine of less than \$100.00 was assessed? Yes _____ No _____ If yes, please state the details (use a separate sheet if necessary): _____

The following must be certified by a notary public.

7. (Applicant) _____ being duly sworn says that he is the person who is referred to in this application for

Certificate as licensed Home Inspector, in the State of Connecticut; that the statements herein contained are strictly true in every respect and that he has complied with all requirements of law.

(Signature of Applicant)	alace seal here		
Sworn to before me this	day of	20	
	(Seal)	s/(Person Administering Oath)	

I certify, under the pains and penalties of perjury, that the information I have provided pursuant to this application for licensure 8. is truthful and accurate. I understand that the failure to provide accurate information may be grounds for the Division of Professional Licensure, Board of Registration of Home Inspectors in Massachusetts 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 state tax returns and paid all state taxed required by law.

(Signature)	D ate:	
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Applicants must apply for a certif	ied statement from their state of licensure and	submit it with the application.
Applicants must submit proof of S	250,000 of errors and omissions insurance. Re	quired fee and other papers that may
be required. Do not submit a cop	y of your license.	
		For Office Use Only
	Date	
		Fee Paid
APPLICATION FEE	Approved	
HOME INSPECTOR'S		Receipt No.
LICENSE \$338.00	Disapproved	

Executive Director

Home Inspections List

Client Date Address Client Date Address 2. 1. 3. 4. 5. 6. 7. 8. 10. 9. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 44. 43. 45. 46. 47. 48. 49. 50. 51. 52. 54. 53. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66.

PLEASE LIST 125 HOME INSPECTIONS PERSONALLY PERFORMED BY YOU

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