

**HOME INSPECTOR RENEWAL APPLICATION**

**HOME INSPECTOR RENEWAL LICENSING REQUIREMENTS:** A Home Inspector's license is issued to an individual only and will not be issued to a business or corporation.

Applicant shall present proof of the following:

- (1) Completion of 15 hours of approved continuing education per year. Licensees must **RETAIN** proof of this requirement for **three years**. The DCM will **RANDOMLY** audit licensees for proof that continuing education was completed.
- (2) For renewals, 15 hours of continuing education is required.
- (3) Valid insurance certificate (ACORD Form) with a minimum coverage \$20,000 for injury or damage to property; \$50,000 for injury or damage, including death, to any one person; \$100,000 for injury or damage, including death, to more than one person; and \$250,000 of errors and omissions coverage. Proof of insurance is **REQUIRED** to renew license.
- (4) To obtain a Residential New Construction Designation, submit proof of completing eight-hour Residential New Construction Training module. Note: the lack of designation shall **NOT** limit the rights of any licensee. This is **NOT** a mandatory requirement for performance of inspections for residential new construction.
- (5) To obtain a \$50 fee credit for training a new inspector; See Rule 355-17-1.08(e) for more information.

<b>Renewal Application</b> <input type="checkbox"/>		<b>Res. New Const. Designation</b> <input type="checkbox"/>		<b>Date Received</b>		<b>Date Issued</b>	
<b>Applicant Name:</b> <i>(Please Type or Print in Dark)</i>				<b>Home Inspector License #</b> <i>For Office Use Only</i>			
<b>Street Address or P. O. Box</b>						<b>Apartment #</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Home Telephone #</b>		
<b>Email Address:</b>							
<b>Social Security No.</b>				<b>Employer I.D. No</b>			
<b>Business Name</b>							
<b>Street Address or P. O. Box</b>						<b>Suite #</b>	
<b>City</b>		<b>State</b>	<b>Zip Code</b>		<b>Business Telephone #</b>		
<input type="checkbox"/> Individual Proprietorship		<input type="checkbox"/> L. L. C.		<input type="checkbox"/> Partnership		<input type="checkbox"/> Franchise	<input type="checkbox"/> Corporation

If you checked above that the business is a partnership, you must list the name and address of each partner below

**OR**

If you checked above that the business is a corporation, L.L.C., or franchise, you must list the names and address of the corporate officers and the statutory agent for service. (Please place a check mark [✓] by the statutory agent.)

<b>1.</b>	<input type="checkbox"/>	<b>3.</b>	<input type="checkbox"/>
<b>2.</b>	<input type="checkbox"/>	<b>4.</b>	<input type="checkbox"/>

**QUALIFICATIONS:**

To qualify as a home inspector, you must meet the qualifications in at least **ONE** of the following categories: in addition, you must provide proof of your qualifications. You only must qualify in **ONE** category **NOT ALL** categories.

**PLEASE CHECK THE BOX THAT APPLIES TO YOU.**

**Category A -- Professional Membership in One of The Following:**

- American Society of Home Inspectors, Inc(ASHI)
- Housing Inspection Foundation (HIF)
- International Association of Certified Home Inspectors (InterNACHI)
- National Institute of Building Inspectors (NIBI)
- Training approved/recognized by one of the above listed professional training groups

**Category B -- Certification or Approval by One of the Following:**

- Southern Building Code Congress International (ICC)
- U.S. Veterans Administration
- U.S. Department of Housing and Urban Development
- Council of American Building Officials

**Category C -- Alabama Licensure on or after 1/1/98 for One of the Following:**

- General Contractor
- Registered Professional Architect
- Registered Professional Engineer
- Residential Home Builder

**Category D -- Education and Work Experience**

- High School Diploma
- OR**
- GED

A high school diploma or its equivalent, work experience for at least one year as a home inspector, and completion of at least 100 home inspections for compensation within the past two years.

**REQUIRED CONTINUED EDUCATION/TRAINING:**

List the acceptable provider with whom you completed the required **15** hours of continued education. **Do NOT** send certificates. **Random audits of proof will be done.**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**NUMBER OF EDUCATIONAL HOURS:** \_\_\_\_\_

**DATE COMPLETION:** \_\_\_\_\_

**ATTACH: Residential New Construction Designation. NOTE: This designation is NOT a mandatory requirement for inspecting residential new construction.**

**LICENSES**

List all Occupational and/or Professional licenses which you currently hold.

**Name of licensing agency:** \_\_\_\_\_

**Type of license:** \_\_\_\_\_

**License No:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License status:** \_\_\_\_\_

**Name of licensing agency:** \_\_\_\_\_

**Type of license:** \_\_\_\_\_

**License No:** \_\_\_\_\_ **State:** \_\_\_\_\_

**License status:** \_\_\_\_\_

**INSURANCE**

Errors and Omissions and General Liability Insurance are **REQUIRED**.

Your license **WILL NOT** be issued until certificates of insurance are **RECEIVED**.

**APPLICATION FEE**

The filing fee for this application for license as home inspector is \$300.00, and this fee is remitted with this application. The fee is **NON-REFUNDABLE**. This application fee is payable only by cashier's check or money order made payable to the Division of Construction Management. Do not send cash, company, or personal checks. Mail notarized application, and other required documents to:

ATTENTION:  
HOME INSPECTOR REGISTRATION  
Department of Finance/Division of Construction Management  
P O Box 301150  
Montgomery, AL 36130-3054

OATH— (ACT. 2002-517 requires that the applicant submit application under oath).

I, \_\_\_\_\_, solemnly swear or affirm that I have read the forgoing questions and have personally answered the same fully and honestly and the answers to said questions are true to my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

(SEAL)

Sworn and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: