

State of Florida
Department of Business and Professional Regulation
Home Inspectors
Application for Licensure
Form # DBPR HI 0401

APPLICATION CHECKLIST – IMPORTANT – Submit all items on the checklist below with your application to ensure faster processing.

APPLICATION	APPLICATION REQUIREMENTS
Licensure by Examination	<ul style="list-style-type: none"> <input type="checkbox"/> Fee of \$230 if applying for an initial active or inactive license. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-IV, VI and VII. <input type="checkbox"/> Complete set of electronic fingerprints. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section “c” of Instructions. <input type="checkbox"/> Submit proof of passing a department approved examination for home inspection licensure. <input type="checkbox"/> Attach certificate of completion of 120-hour pre-licensure training approved by the Department.
Licensure by Endorsement	<ul style="list-style-type: none"> <input type="checkbox"/> Fee of \$230 if applying for an initial active or inactive license. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-III and V, VI and VIII of this application. <input type="checkbox"/> Submit certificate of licensure from a state with equivalent educational and experience requirements as this state. <input type="checkbox"/> Complete set of electronic fingerprints. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section “c” of Instructions. <input type="checkbox"/> Attach certificate of completion of 120-hours of education related to Home Inspection.
Reinstatement of Null and Void License	<ul style="list-style-type: none"> <input type="checkbox"/> Fee of \$230. Make check payable to the Florida Department of Business and Professional Regulation. <input type="checkbox"/> Complete Sections I-III and VI-VIII of this application. <input type="checkbox"/> Complete set of electronic fingerprints. <input type="checkbox"/> Supporting legal documentation (if applicable). See Section “c” of Instructions. <input type="checkbox"/> Proof of completion of continuing education required for renewal: 14 hours. <input type="checkbox"/> Provide an explanation of the illness or economic hardship that prevented renewal of your license.

Please mail your completed application, documentation and required fee(s) to:
Department of Business and Professional Regulation
2601 Blair Stone Road
Tallahassee, FL 32399-0783

Instructions

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

1. Application Instructions (by Section)

a. Section I- Application Type

- i. **Active Status:** This should be checked to request that the license be issued in an “active” status.
- ii. **Inactive Status:** This should be checked to request that the license be issued in an “inactive” status.
- iii. **Licensure by Examination:** This box should be checked when the applicant has completed a department approved 120 hour pre-licensure training course and passed a department approved examination for home inspection licensure.
- iv. **Licensure by Endorsement:** This box should be checked when the applicant holds a valid license in another state whose licensure requirements are substantially similar to this state.
- v. **Reinstatement of a Null and Void License:** This box should be checked only by an applicant who has previously held a Home Inspectors license and their license is expired.
- vi. **Electronic Fingerprinting** is located at various convenient sites throughout the state. See http://www.myfloridalicense.com/dbpr/servop/testing/documents/finger_faq.pdf for more information.

b. Section II- Applicant Information

- i. Fill out each section completely.
- ii. In the Full Legal Name section provide your full legal name as it appears on your license. Do not use any nicknames or initials. Please list any aliases or prior names in the prior name information section.
- iii. Provide your mailing address. This will be used for sending correspondence regarding your application and license.
- iv. Contact information is often used to quickly resolve questions with applications by telephone call or email. If contact information is not provided, questions regarding applications will be mailed to the applicant’s mailing address and may take longer to resolve.
- v. List any licenses that you currently hold or have previously held for a business or professional license/registration in Florida or elsewhere.

c. Section III- Background Questions

- i. Question 1:
 - (1) If you answer “yes” to this question, you must complete Section III (b) [*make additional copies as necessary*] of the application and provide a copy of the arrest report, copies of the disposition or final order(s), and documentation proving all sanctions have been served and satisfied. **You must supply this documentation for each occurrence.** If you are unable to supply this documentation, a certified statement from the clerk of court for the relevant jurisdiction stating the status of records is required.
 - (2) If you are still on probation, you must supply a letter from your probation officer, on official letterhead, stating the status of your probation.
- ii. Question 2:
 - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and provide a copy of the judgment or decree. You must also supply documentation proving all sanctions have been served and satisfied, or if not, stating the current status of any proceedings.
- iii. Question 3:
 - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of documentation explaining the denial or pending action.
- iv. Question 4:
 - (1) If you answer “yes” to this question, you must complete Section III (c) [*make additional copies as necessary*] of the application and supply copies of the order(s) showing the disciplinary action taken against the license, or documentation showing the status of the pending action.

d. Section IV- Licensure by Initial Exam

- i. Provide the name of the provider, provider number, name of course, course number, the dates attended and the total number of hours completed for the department approved 120 hour pre-licensure training course that you completed.
- ii. Attach certificate of completion of the 120 hour pre-licensure training course.
- iii. Attach proof of passing the National Home Inspector Examination (NHIE).

e. Section V – Licensure by Endorsement

- i. Provide the name of the state in which you are currently licensed/certified.
- ii. Provide the name of the exam that you completed to obtain that license.
- iii. Attach proof of completion of 120 hours of education related to Home Inspection.
- iv. Submit a certificate of licensure from the state your license was issued.

f. Section VI – Proof of Insurance

- i. If you are applying for an “active status” license, you must have at least the minimum amount of insurance required, which is \$300,000 general liability.

g. Section VII – Explanation of Illness or Economic Hardship that Prevented Renewal

- i. Provide an explanation of the illness or economic hardship that prevented renewal of your license.
- ii. Attach copies as necessary.

h. Section VIII - Affirmation by Written Declaration

- iv. Please read and sign the affirmation by written declaration.
- v. If the applicant fails to sign the affirmation statement, the Department will not process the application.

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For additional information see the Instructions at the beginning of this application.

Section I- Application Type

CHECK APPLICATION TYPE		
Licensure by Examination:	<input type="checkbox"/> Active Status [0401/1030]	<input type="checkbox"/> Inactive Status [0401/1034]
Licensure by Endorsement:	<input type="checkbox"/> Active Status [0401/1035]	<input type="checkbox"/> Inactive Status [0401/1036]
<input type="checkbox"/> Reinstatement of a Null and Void License [0401/1038]		Previous License Number:
<input type="checkbox"/> Active Status	<input type="checkbox"/> Inactive Status	

Section II – Applicant Information

APPLICANT INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)		Country	
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number		Fax Number	
Alternate E-Mail Address			

* The disclosure of your Social Security number is mandatory on all professional and occupational license applications, is solicited by the authority granted by 42 U.S.C. §§ 653 and 654, and will be used by the Department of Business and Professional Regulation pursuant to §§ 409.2577, 409.2598, 455.203(9), and 559.79(3), Florida Statutes, for the efficient screening of applicants and licensees by a Title IV-D child support agency to assure compliance with child support obligations. It is also required by § 559.79(1), Florida Statutes, for determining eligibility for licensure and mandated by the authority granted by 42 U.S.C. § 405(c)(2)(C)(i), to be used by the Department of Business and Professional Regulation to identify licensees for tax administration purposes.

Section II – Applicant Information – continued

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list each one below (attach additional copies of this page as necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or are currently known by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

Section III –Background Questions

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer “NO” because you believe those records have been expunged or sealed by court order pursuant to Section 943.0585 or 943.059, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered “YES” to any question in questions 1-4 above, please refer to Section “c” of Instructions for detailed instructions for providing complete explanations, including requirements for submitting supporting legal documents. Please complete Section III (b) for your response to question 1, and complete Section III (c) for your response to questions 2 through 4. If you have more than two offenses to document in Section III (b), or more than one offense to document in Section III(c), attach additional pages as necessary.

Section III (b) – Explanation(s) for Background Question 1

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

Section IV - Licensure by Initial Exam

PRE-LICENSING COURSE INFORMATION (Include copy of the completion certificate)	
Name of Provider:	Provider Number:
Name of Course:	Course Number:
Dates Attended:	Total Hours Completed:
Attach certificate of completion of the 120-hour pre-licensure training with this application.	
Submit proof of passing a department approved examination for home inspection licensure with this application.	

Section V – Licensure by Endorsement

LICENSURE BY ENDORSEMENT
NOTE: To be eligible for licensure by endorsement out of state applicants must hold a valid license in another state whose licensure requirements and licensure examination are substantially similar to this state.
Include a certificate of licensure from your home state that shows:
<ul style="list-style-type: none"> ○ Your name ○ License number ○ Date of initial licensure ○ That the license was obtained by passing a proctored national, regional, state, or territorial examination ○ That your license is in good standing
Name of state in which you are currently licensed/certified:
Exam that was completed to obtain license:
Submit proof of passing at least 120-hours of education related to home inspections.

Section VI – Proof of Insurance

INSURANCE
If the applicant has NOT obtained liability insurance at minimum requirements the applicant is only eligible for an Inactive license.
Have you obtained commercial general liability insurance coverage in the amount required in 468.8322, Florida Statutes?
Minimum amount required: General liability - \$300,000
Yes <input type="checkbox"/> No <input type="checkbox"/>

