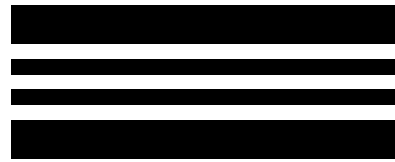




Home Inspector Examination Application



Apply to take the home inspector license exam.

Online: <https://professions.dol.wa.gov>

Or mail this completed form to:

**Home Inspectors
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021**



Include:

- a copy of the Certificate of Completion of a Washington State approved Fundamentals of Home Inspection Course
- a completed Home Inspection Field Training Log

For questions or language help call: (360) 664-6487

Once approved, we will send you information explaining the examination process.

Applicant information

TYPE or PRINT Legal name (<i>Last, First, Middle initial</i>)		Date of birth	
Mailing address (<i>Number, street, and suite or room number</i>)			
City		State	ZIP code
(Area code) Daytime phone number	Email		
Legal background Answer the questions below. If you answer "Yes," attach a detailed explanation.			
1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

Continued on next page

TYPE or PRINT Applicant legal name <i>(Last, First, Middle initial)</i>
TYPE or PRINT Supervising inspector legal name <i>(Last, First, Middle initial)</i>

Home inspection field training

Only one supervising inspector per page. Submit multiple pages if more than one supervising inspector. Required for licensure: 40 hours of supervised field training with five actual inspections involving written reports within two years prior to application for examination.

Inspection date	Inspection hours	Property address

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	TYPE or PRINT Name
_____	X
Date and place	Applicant signature

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

_____	TYPE or PRINT Name
_____	X
Date and place	Supervising inspector signature
	Washington State home inspector license number

Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.