

## Home Inspector License Application

Apply for a home inspector license.

Online: <a href="https://professions.dol.wa.gov">https://professions.dol.wa.gov</a>

Or mail this completed form to:

Home Inspector Program
Department of Licensing
PO Box 3917
Seattle WA 98124-3917

## Include:

- a check or money order for \$720 (payable to the Department of Licensing)
- · a copy of your passing document from the testing center

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

☐ \$0 self-print license online.

☐ \$5 each. DOL print and mail license. Quantity\_\_\_\_\_ Total \$\_\_\_\_

For questions or language help call: 360.664.6487

## **Applicant information**

TYPE OR PRINT Name as you would like it to appear on your license	Social Se	curity Number (SSN)*
Full legal name (First, Middle, Last)		
Mailing address (Number, street, and suite or room number)		
City	State	ZIP code
10-digit daytime phone number Email		Date of birth (mm/dd/yyyy)
Military? (check if applicable)  Current or former:   Military member   Military spouse or domestic	partner	
For Service members and their spouses: When a Service member and to Military orders, Washington state may recognize their current license the following:	•	
1. A copy of the military orders.		
2. A license that is in good standing in all states where the individual he	eld their lice	ense before.
<ul> <li>a. During application review, DOL may request an original Certificate Standing from each state.</li> </ul>	of Licensu	ure or Letter of Good
b. There may be continuing education requirements needed for DOL	to recogni	ze the license.

\*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have a SSN, ITIN, or TIN, leave that section blank. If you do have a SSN, ITIN, or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

## **Applicant information** (continued)

3. Complete the following table if you hold a license in any state (excluding Washington).

State	License number	Expiration date (mm/dd/yyyy)
Legal background	1	
Answer the questions below. If you a	•	
	ate or any other jurisdiction, have you ion, censure, surrender, etc.) taken a nse, certification, or permit held by yo	gainst any
2. Within the last 5 years, in this star or been convicted of, or entered		defaulted, meanor or
Applicant signature–Sign and da	te the declaration below.	
declare under penalty of perjury ι	under the law of Washington that t	he foregoing is true and correct.
TYPE or PRINT Name		
X		
Applicant signature		
Date and place (city or county) signed		
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Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.

RCW 42.56. WAC 308-408A-030.