

Attach with paper clip two (2) passport sized color photographs of head and shoulders. Photos must be of "passport quality". Print your name on the back of the photo. Photo shall be taken within the last six months. One photo will be kept on file and one will be returned on an official photo identification card upon issuance of license.

Application for License as Home Inspector

LA. STATE BOARD OF HOME INSPECTORS

5211 Essen Lane Suite 9
Baton Rouge, LA 70809
Phone: 225.248.1334
Toll Free: 866.244.1334
Official use only: LOG# _____

Please type or print all information.

ATTACH COPY OF CERTIFICATE OF COMPLETION FROM TRAINING PROVIDER(S) AND EXAMINATION RESULTS SHOWING PASSING SCORE.

HOME INSPECTOR 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 evidence to the Board that they have:

- (1) satisfactorily completed at least 120 hours of required home inspection training course(s) with a training provider approved by the Board, and
- (2) passed the Board approved licensing examination.

I. PERSONAL INFORMATION:

Name: ___ Mr. ___ Ms. _____
Last Name First Name Middle or Maiden Name

Home Address: _____
Street or P.O. Box City State Zip Code

Home Phone: (____) _____ e-mail address: _____

Social Security No.: _____ Age: _____ Date of Birth: _____

Driver's License No.: _____ State Issued: _____

Name of High School or GED School: _____

City: _____ State: _____ Year Graduated: _____

II. BUSINESS/EMPLOYMENT INFORMATION:

Name of business/employer: _____

Business Address: _____
Street or P.O. Box City State Zip Code

Business Phone: (____) _____ Facsimile: (____) _____

Date business established: _____ Incorporated? _____ YES _____ NO _____

III. REQUIRED EDUCATION/TRAINING:

List the Board approved provider with whom you completed the required 90 hours of classroom education:

Name: _____ Address: _____

Telephone number: (____) _____

Number of classroom credit hours received: _____ Date completed: _____

List the following information for each Board approved in-field training provider with whom you received the necessary 30-40 hours of in-field training:

Name: _____ LSBHI Lic. #: _____

Training: Date: _____ Location: _____ Actual _____

Type of dwelling: _____ Size of dwelling: _____

Name: _____ LSBHI Lic. #: _____

Training: Date: _____ Location: _____ Actual hours: _____

Type of dwelling: _____ Size of dwelling: _____

Attach additional pages if required.

IV. WORK EXPERIENCE RECORD:

List your work experiences for the last 10 years. Begin with your present employer and list each previous employer.

Employer: _____

Address: _____

Supervisor's name: _____ Phone No.: _____

Date employed: _____ Job title: _____

Brief description of duties:

Employer: _____

Address: _____

Supervisor's name: _____ Phone No.: _____

Date employed: _____ Job title: _____

Brief description of duties:

Attach additional pages if required.

V. LICENSES:

List all occupational and/or professional licenses which you currently hold.

Name of licensing agency: _____ Type of license: _____

License No.: _____ State: _____ Issue date: _____ Expiration date: _____

License status: _____ Active _____ Inactive _____ Expired _____ Revoked

Name of licensing agency: _____ Type of license: _____

License No.: _____ State: _____ Issue date: _____ Expiration date: _____

License status: _____ Active _____ Inactive _____ Expired _____ Revoked

Attach additional pages if required.

VI. LEGAL REQUIREMENTS:

Have you ever been charged with, convicted of or pled guilty or nolo contendere to any crime involving moral turpitude, or are such charged pending against you? _____ YES _____ NO

If yes, provide a complete written explanation. Also attach a copy of the arrest warrant or bill of indictment, the court's judgment, release from parole or probation, or pardon.

Have you ever been adjudicated insane or incompetent? _____ YES _____ NO

If yes, attach proof of recovery from that condition.

Have you ever been denied a license or had a license suspended or revoked by an occupational or professional licensing board in Louisiana or any other State? _____ YES _____ NO

Have you every been fined, reprimanded, or disciplined by an occupational or professional licensing board in Louisiana or any other State? _____ YES _____ NO

Are charges pending against you with any licensing board? _____ YES _____ NO

If you answered "yes" to any of the above, provide a complete written explanation, and attached a copy of the licensing board's complaint and decision.

Please list your residence address for the last three years if different from the address you gave in Box I on page 1 of this application.

VII. PROFESSIONAL REFERENCES:

Provide the names, addresses, telephone numbers and signatures of three professional references in the spaces below.

I, the undersigned, do hereby certify to the Louisiana State Board of Home Inspectors that:

I am not related by blood or marriage to the applicant;

I am not presently nor do I propose to be in business with the applicant;

The applicant is known to me;

The applicant is of good moral character and has a good reputation for honesty, truthfulness, and integrity.

1)	Printed name of Reference	Street or P.O. Box		
		City	State	Zip Code
	Signature of Reference	Telephone number		
2)	Printed name of Reference	Street or P.O. Box		
		City	State	Zip Code
	Signature of Reference	Telephone number		
3)	Printed name of Reference	Street or P.O. Box		
		City	State	Zip Code
	Signature of Reference	Telephone number		

VIII. APPLICATION FEE:

The filing fee for this application for license as home inspector is \$200.00 and this fee must be remitted with this application. The fee is non-refundable, even if you decide not to take the examination. All requirements must be successfully met within one (1) year from the date this application is processed.

The application fee is payable only by check or money order made payable to the Louisiana State Board of Home Inspectors. Do not send cash.

Mail the completed application, the required attachments, and the application fee to the following address:

Louisiana State Board of Home Inspectors
5211 Essen Lane Suite 9
Baton Rouge LA 70809

IX. INSURANCE: ERRORS and OMISSIONS and GENERAL LIABILITY INSURANCE ARE REQUIRED.

YOUR LICENSE WILL NOT BE ISSUED UNTIL CERTIFICATES OF INSURANCE ARE RECEIVED.

_____ I WILL APPLY FOR THE BOARD APPROVED GROUP ERRORS & OMISSIONS INSURANCE PROGRAM.

_____ I WILL APPLY FOR THE BOARD APPROVED GROUP GENERAL LIABILITY INSURANCE PROGRAM.

_____ I WILL PROVIDE MY OWN INSURANCE POLICIES WITH THE CERTIFICATES SHOWING LIMITS OF COVERAGE AND DEDUCTIBLE SUBMITTED DIRECTLY TO THE BOARD BY THE INSURANCE CARRIER OR AGENT. I GUARANTEE THESE POLICIES ARE AND WILL REMAIN IN FORCE DURING THE ACTIVE STATUS OF MY LICENSE.

_____ I CHOOSE "INACTIVE" STATUS WHICH REQUIRES NO INSURANCE.

X. CERTIFICATION OF APPLICANT:

I, the undersigned, in making this application to the Louisiana State Board of Home Inspectors for a license as a home inspector under the provisions of the Revised Statutes of Louisiana, swear and affirm that:

I am the applicant named herein;

All of the information provided herein is true and correct to the best of my knowledge and belief;

I understand that any omission, inaccuracy, or incomplete disclosure may be deemed sufficient reason to deny licensure or to withhold renewal of my license; and could result in the suspension or revocation of my license by the Board;

I have read and subscribe to the "Standards of Practice" and the "Code of Ethics" of the Louisiana State Board of Home Inspectors, and agree that a violation of any of these rules by me is justifiable cause for revocation of my license.

I further authorize all law enforcement agencies and officials thereof to release to the Louisiana State Board of Home Inspectors any criminal history record or information pertaining to me.

Signature of Applicant

Date

NOTARY PUBLIC

Parish/County of _____ State: _____

Sworn to and subscribed before me this _____ day of _____, 20____.(AFFIX SEAL)

Printed Name of Notary Public

Signature of Notary Public

My Commission Expires

LOUISIANA STATE BOARD OF HOME INSPECTORS

LICENSE APPLICATION INSTRUCTIONS

Please type or print all information. You may use the following instructions as a checklist.

Attach two (2) recent passport size, color photos of your head and shoulders with a paper clip (do not staple) to the application form. Print your full name on the back of each photo. Photos must be of "passport" quality and taken within six (6) months of submission of your application.

Box I. PERSONAL INFORMATION:

Fill in all personal information. Licenses are only issued to individuals and not to companies or corporation(s) performing home inspection services.

Box II. BUSINESS/EMPLOYMENT INFORMATION:

Fill in all business/employment information.

Box III. REQUIRED EDUCATION / TRAINING

Fill in all information regarding your education and training.

Box IV. WORK EXPERIENCE RECORD

List your work experience (employment) for the past ten (10) years. Begin with your present occupation and employer and list each previous occupation and employer in reverse chronological order. Give a brief description of your job duties. Attach additional pages if necessary.

Box V. LICENSES

List all occupational and/or professional licenses which you currently hold. Licenses may include State, Parish, County, Local Governmental Units, Trade Unions, etc. All licenses may be check for validity and status at the discretion of the LSBHI. Attach additional pages if necessary.

Box VI. LEGAL REQUIREMENTS

Fill in all portions of this section. All answers in the affirmative require a written explanation and proof of recovery and/or resolution thereof. List all legal residential addresses for the last three (3) years, if difference from the address listed in Box I, including your physical address, city, state and zip code (post office boxes are not an acceptable place of residence). If the address is a rental property, include the name and address of the landlord. Attach additional pages if necessary.

Box VII. PROFESSIONAL REFERENCES

List the names, addresses and telephone numbers of three (3) professional references and have them affix their signature.

Box VIII. APPLICATION FEE

Mail the completed application, all required attachments and the \$200 application fee (check or money order only, NO CASH) made payable to:

LOUISIANA STATE BOARD OF HOME INSPECTORS
5211 Essen Lane Suite 9
Baton Rouge LA 70809

Box IX. INSURANCE

Place an **X** on the application form for your choice of insurance.

Regardless of which carrier you choose, you MUST list the Louisiana State Board of Home Inspectors as a certificate holder.

Errors and omissions insurance and general liability insurance are required. A license will not be issued until Certificates of Insurance are received by the Board.

Box X. CERTIFICATION OF APPLICANT

Read the certification. Sign the certification in the presence of a Notary Public and have your signature notarized.

**ATTACH COPY OF CERTIFICATE OF COMPLETION FROM TRAINING PROVIDER(S)
AND EXAMINATION RESULTS SHOWING PASSING SCORE.**