



Home Inspectors Program

PO Box 110806, Juneau AK 99811-0806

Phone: (907) 465-2550

Email: HomeInspectors@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/HomeInspectors

Home Inspector Registration Application Packet

AS 08.18.011 states, in part, that an individual may not perform a home inspection for an existing home or a new home unless that individual is registered as a Home Inspector or an Associate Home Inspector with the Department of Commerce, Community and Economic Development.

NOTE: It is unlawful to practice as a Home Inspector or an Associate Home Inspector on or after July 1, 2004 unless registered by the department or exempt under AS08.18.156.

You will need to designate the type of home inspection registration you are applying for. Below is a brief definition of each category:

Existing Home Registration allows you to perform home inspections of previously occupied homes only.

New Home Registration allows you to perform home inspections of new homes (have not previously been occupied) only.

Joint Registration allows you to perform home inspections of new and existing homes.

The following documents must be on file with our office before the Board will consider your application for License:

1. APPLICATION

A completed signed application (pages 1-3).

2. FEES

Fees made payable to "State of Alaska" in accordance with 12 AAC 02.235.

Nonrefundable Application Fee:

\$100.00

Registration Fee:

\$250.00

3. AUTHORIZATION FOR RELEASE OF RECORDS

A completed Authorization for Release of Records form (#08-4001a).

4. EXAM SCORES

Evidence of a passing score on the applicable examination(s) (see below). Proof of passing score must be sent directly to the department from the organization that administered the examination.

NOTE: If it has been over THREE YEARS since you passed the required examination(s), your application must be accompanied by proof of at least eight contact hours of acceptable continuing competency for the concluding two-year period.

If you are applying for registration for New Homes OR for Joint Registration: Examinations required: (All four National Examinations required)

- Residential Building Inspector
- Residential Electrical Inspector
- Residential Mechanical Inspector
- Residential Plumbing Inspector

Exams listed above administered by the International Code Council (ICC):

Phone: 1-888-422-7233, option 0

Monday – Friday 7:00 AM – 6:00 PM Central

Email: customersuccess@iccsafe.org

Website: www.iccsafe.org/certification-exam-catalog

If you are applying for registration for Existing Homes ONLY, contact:

- The National Home Inspector Examination (NHIE) offered by the Examination Board of Professional Home Inspectors.

Phone: (847) 298-7750

Email: info@homeinspectionexam.org

Website: <http://www.nationalhomeinspectorexam.org/>

NOTE: To ensure the division receives your examination results from NHIE, fax a copy of your score sheet to (603) 228-2118 or send an email to info@homeinspectionexam.org with a request to advise this division of your examination results.

5. Surety

- a. a surety bond issued in the name of the applicant by an insurer or other surety company (AS 08.18.071), with the bonding company's power of attorney. The bond must be signed by both the principal and the surety (#08-4001b); or
- b. a Time Certificate of Deposit (must be issued for a period of at least three years and automatically renewable) issued by a bank or trust company authorized to do business in Alaska (must be physically located in Alaska). The certificate should read, "State of Alaska in Trust for (home inspector) . . ." The original certificate is held by the State and must be accompanied by an Assignment of Cash Deposit form (#08-4001c); or
- c. a cashier's check. Cash will be deposited in a Trust Account established by the State, which does NOT pay interest.

Important Note: If a Home Inspector fails to fulfill the bonding obligation as set out in AS 08.18.071, the Home Inspector's registration shall be suspended for a period of time the commissioner determines appropriate. After three suspensions, the Home Inspector's registration may be permanently revoked.

6. LIABILITY INSURANCE

A certificate of insurance for public liability and property damage insurance in an amount not less than \$20,000 property damage, \$50,000 injury or death to one person, \$100,000 injury or death to more than one person. Submit a Certificate of Insurance issued by an insurance agency (#08-4001d).

Exception to Insurance Requirement

In accordance with AS 08.18.071(d), a general contractor or specialty contractor who is in compliance with the surety bond or deposit requirements as laid out in AS 08.18.071(a) and (b), is not required to file another surety bond or increase a deposit with the commissioner when the general contractor or specialty contractor applies to be a registered home inspector. However, if the general contractor or specialty contractor subsequently is neither a general contractor nor a specialty contractor and becomes only a registered home inspector, the home inspector shall provide a surety bond or deposit in lieu of the bond in the manner and amount required for registered home inspectors under this section.

General Information

APPLICATION PROCESSING

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued and sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

“YES” RESPONSES

A “Yes” response in the application does not mean your application will be denied. If you have responded “Yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

CASH DEPOSITS

Time Certificates of Deposit and cash deposits remain pledged to and held by the State of Alaska for THREE YEARS after the following:

1. the effective date of a surety bond that replaces the cash bond; or
2. the lapse without renewal, or the revocation, or suspension of the Home Inspector’s registration; or
3. the surrender of the license before expiration.*

***NOTE:** The three-year waiting period begins upon the division’s receipt of a notarized statement that business operations have ceased. If there is no notarized statement on file, the three-year waiting period begins on the expiration date of the license.

BUSINESS LICENSE

All professional license holders, including Home Inspectors, who are practicing independently, i.e., on a contract basis or who are not considered an “employee,” must obtain a business license. If you are unsure if you need a business license, please contact the person you are working for or an attorney. Please contact Business Licensing at (907) 465-2550 if you have questions or visit ProfessionalLicense.Alaska.Gov

DENIAL OF APPLICATION

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RENEWAL

Registration will expire biennially on June 30 of even-numbered years. Per AS 08.18.031, a registration may not be renewed unless the licensee has complied with the continuing competency requirements. Renewal notices are mailed approximately 60 days prior to the license expiration. It is the licensee’s responsibility to ensure renewal of the registration. Please contact the division if you have a change of address. Failure to receive a renewal notice does not excuse nonrenewal.

CONTINUED COMPETENCY REQUIREMENTS

An applicant for renewal of a home inspection registration must complete at least eight hours of acceptable continuing competency activities for the concluding two-year licensing period. Renewal for the first time must document having completed at least four contact hours of acceptable continuing competency activities for each complete calendar year the applicant held a registration during the concluding licensing period. If an applicant under this subsection held a registration for less than one complete calendar year during the concluding licensing period, the applicant is not required to complete any contact hours of continuing competency activities.

ADDRESS OR NAME CHANGE

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division’s website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

SOCIAL SECURITY NUMBERS

In accordance with AS 08.01.060, the department is not authorized to issue a license to a natural person, unless the applicant's Social Security Number has been provided to the department. If you are a foreign citizen unable to obtain a United States Social Security Number, please contact the division for further instructions or obtain the Exception from SSN Requirement form (#08-4372), from the division website at *ProfessionalLicense.Alaska.Gov*

PUBLIC INFORMATION

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

ABANDONED APPLICATIONS

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that time frame, no refund will be issued, and all fees will be forfeited.

STATUTES AND REGULATIONS

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
EMAIL: *RegulationsAndPublicComment@Alaska.Gov*



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

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Home Inspector Registration Application

PART I Payment of Fees

Requesting Registration to Inspect:	<input type="checkbox"/> New Homes	
	<input type="checkbox"/> Existing Homes	
	<input type="checkbox"/> Both (Joint Registration)	
Fees:	<input type="checkbox"/> Add category to existing registration number: _____	\$ 30.00
	<input type="checkbox"/> Nonrefundable Application Fee	\$100.00
	<input type="checkbox"/> Registration Fee	\$250.00

PART II Applicant Information

Full Legal Name:			
Provide all other names used (maiden, nicknames, aliases). Attach documentation of all legal name changes.			
	<input type="checkbox"/> Not Applicable		
	<input type="checkbox"/> Other Names Used: _____		
Mailing Address:			
Birth Date: (mm/dd/yyyy)		Contact Phone:	
EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.			
Email Address:		<input type="checkbox"/> Send my Correspondence by Email	
		<input type="checkbox"/> Send my Correspondence by US Mail	
SOCIAL SECURITY NUMBER: AS 08.01.060 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.			

PART III Examination Information (New Homes or Joint Registration Only)

Reminder: If it has been **over THREE YEARS** since you passed the required examination(s), your application **must** be accompanied by proof of at least eight contact hours of acceptable continuing competency for the concluding two-year period.

Have you taken and passed the required examinations offered by the International Code Council?

- No
 Yes

If Yes, date(s) taken: _____

Proof of passing scores must be sent directly to the department from the International Code Council.

PART IV Examination Information (Existing Homes Only)

Reminder: If it has been **over THREE YEARS** since you passed the required examination(s), your application **must** be accompanied by proof of at least eight contact hours of acceptable continuing competency for the concluding two-year period.

- I certify that I have taken and passed the National Home Inspector Exam (NHIE) – offered through the Examination Board of Professional Home Inspectors (adopted by The American Society of Home Inspectors (ASHI)).

Proof of passing scores must be sent directly to the department from the exam provider.

PART V Professional Fitness Questions – Disciplinary History

The following questions must be answered. “Yes” answers may not automatically result in license denial. You must answer both parts of each multi-part question.

For each “Yes” response to any question, you must provide an explanation and documentation. Provide your explanation on a separate sheet of paper labeled with your name and signed by you; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. Documentation includes copies of court orders, charging documents, board, or license actions, etc. When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

When in doubt, disclose and explain.

1. Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending? Yes No

2. Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, “crime” includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI), or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. “Convicted” includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. Yes No

3. Within the seven years preceding the date of this application, have you been sentenced for an offense related to forgery, theft in the first or second degree, extortion, or defrauding creditors or for a felony involving dishonesty (AS 08.18.022(4))? Yes No

4. Have you ever had the authority to perform home inspections revoked in this state or in another jurisdiction (AS 08.18.022(5))? Yes No

5. Are you the subject of an unresolved criminal complaint or unresolved disciplinary action before a regulatory authority in this state or in another jurisdiction related to real estate or home inspection matters (AS 08.18.022(6))? Yes No



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Notary Signature Page

Applicant Name:	
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PART VI Notarized Signature

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

A person who makes a false statement on this application may be subject to civil and criminal penalties, including prosecution for perjury (AS 11.56.200 & AS 11.56.230).

<div style="border: 1px dashed black; padding: 10px; min-height: 150px;"> <p style="font-size: small; color: gray;">Notary Stamp</p> </div>	Applicant's Printed Name:			
	Applicant's Signature:			
	Notary Public for State of:		Subscribed and Sworn to Before me on this Day:	
	Notary's Signature:		My Commission Expires:	



State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550
Email: license@alaska.gov

Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form **only** to explain and document any professional fitness “Yes” answers. A “Yes” answer is not necessarily disqualifying, but concealing one may be.

Each “Yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “Yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include but not be limited to; suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “Yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “Yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “Yes” to in the box.

Location of Incident:		Date of Incident:	
Explanation of Incident:			
When in doubt, disclose and explain. Make copies as necessary.			

Did you attach all applicable documents associated with this incident?

- Court orders
 Consent agreements
 Disciplinary actions
 Charging documents
 Court records
 Fitness to practice
 All other documentation related to this incident
 I have additional incidents for this “Yes” answer, or “Yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

Full Name:			
Signature:		Date:	



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Authorization for Release of Records

I hereby authorize the Alaska Division of Corporations, Business, and Professional Licensing and its investigators to examine my medical and dental records, employment and education records including all training which pertains to my medical practice, and any records pertaining to litigation, judgments, suits, and/or settlements, and any law enforcement records pertaining to me and discuss them with persons having possession of them. I also expressly permit and authorize the release of any and all such records pertaining to me to the Alaska Division of Corporations, Business, and Professional Licensing and its investigators.

I authorize the division to discuss my records with persons or organizations that are considered appropriate by the division in connection with an official investigation, and to provide copies of my records to those persons or organizations deemed appropriate by the division.

This release also applies to any documents or records which contain information pertaining to psychiatric, psychological, drug, or alcohol evaluation, counseling, diagnosis or treatment received by me and which were prepared or made in conjunction with, or under the authority or guidance of any local, state, or federal law which relates to psychiatric, drug or alcohol evaluation, diagnosis or treatment, including all information previously identified, collected, or stored under the authority of any state or federal law, including 42 CFR Part 2.

I request that upon presentation of this release, or a Certified True Copy thereof, that you provide copies of those records to the division and/or its investigators, and/or representatives of the Office of the Attorney General of the State of Alaska.

This authorization expires one (1) year from the date of my signature below.

Name:	First	Middle	Last
Full Address:	Street or PO Box	City	State Zip
Phone:			Date of Birth:
Email:			
Signature:			Date:



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Home Inspector Surety Bond *(Required by the Home Inspector Registration Act, AS 08.18)*

Principal Applicant Name:		Title:	
DBA Name:			
Bond Number:		Effective Date:	Expiration Date:

KNOW ALL MEN BY THESE PRESENTS that we, the above-named home inspector, as principal, and the corporation duly authorized to transact surety business in the State of Alaska, as surety, are held and firmly bound to the State of Alaska, in the sum as indicated below, lawful money of the United States, for the payment of which we bind ourselves, our heirs, executors, administrators, successors and assigns jointly and severally. The condition of this obligation is such that, whereas the bonded principal, named above, has or is about to obtain a certificate of registration to engage or continue in the business of home inspection in the State of Alaska in accordance with the provisions of AS 08.18 and desires to give bond as required by law.

Sum of Surety Bond:	
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Now, therefore, if the above-named principal, in compliance with AS 08.18, shall pay all taxes and contributions due the state and political subdivisions of the state, and shall pay all persons furnishing labor or materials or renting or supplying equipment to the principal, and shall pay all amounts that may be adjudged against the principal by reason of negligent or improper work or breach of contract in the conduct of the contracting business or by reason of damage to public facilities occurring in the course of a home inspection project, and shall pay all amounts necessary to satisfy settlements of valid liens and judgments which result from lien foreclosure suits, the above obligation shall be null and void; otherwise, it is to remain in full force and effect.

The total liability hereunder, during the period for which this bond is written shall not exceed the sum indicated below.

Bond Liability Shall Not Exceed:	
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Liability under this bond begins as of the effective date listed above and shall be continuous until the certificate of registration is revoked or otherwise terminated by the Department of Commerce, Community, and Economic Development or until 30 days after the surety sends written notice of cancellation to the Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing, State of Alaska. The bond shall apply to all liens and liabilities which arise during the effective period of the bond and to which the bond is applicable under law, even if the liens are foreclosed or valid liens settled after the effective period of the bond or the liabilities are enforced after the effective period of the bond.

IN WITNESS OF THE ABOVE, principal and surety have signed and sealed this bond on the date listed below.

Principal Applicant Signature:		Date:	
Surety Name:			
Surety Address:			
Attorney-in-Fact:			
Agency Name:			
Agency Address:			

(Surety's Seal)

THIS BOND IS NOT VALID UNTIL SIGNED BY BOTH PRINCIPAL AND SURETY. NOTE: Surety's Power of Attorney must be attached.



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Certificate of Insurance Coverage *(Required by the Home Inspector Registration Act, AS 08.18)*

Home Inspector Name:			
Policy Number(s):			
Effective Date (Start):		Effective Date (End):	

By the signature below we hereby certify that we are a duly authorized casualty insurer eligible to write business in the State of Alaska and have written a public liability policy of not less than the limits required under AS 08.18 on behalf of the Home Inspector named above for registration as a Home Inspector under the policy information listed above.

In the event the above policy is cancelled for any reason, we agree to furnish the Department of Commerce, Community, and Economic Development, Home Inspector Section, at the above address, a NOTIFICATION OF CANCELLATION at least 30 day before the effective date of that cancellation.

Name of Insurance Carrier (Not Agency):			
Address:			
Signature of Authorized Agent:		Date:	



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Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

- | | AMOUNT |
|--|---------------|
| <input type="checkbox"/> Application Fee: _____ | _____ |
| <input type="checkbox"/> License or Renewal Fee: _____ | _____ |
| <input type="checkbox"/> Other (name change, wall certificate, fine, duplicate license, exam, etc.): | |
| 1. _____ | _____ |
| 2. _____ | _____ |

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>