

STATE OF ALASKA
DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT
DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING
HOME INSPECTOR SECTION
P.O. BOX 110806, JUNEAU, ALASKA 99811-0806
(907) 465-5470
E-mail: license@alaska.gov

CHANGE OF EMPLOYER/SUPERVISOR FORM

Associate Home Inspector: You must *immediately* notify the division, in writing, when you change your supervising Home Inspector.

Complete this form, including the notarization, return your current license for amendment to show the new assignment and pay the \$5 fee. Make check or money order payable to the State of Alaska. If you are not employed as an Associate Home Inspector and have no supervising Home Inspector at this time, write "unassigned" in the "current assignment" area. Your Associate Home Inspector registration will be effective under the new supervising Home Inspector when your completed form, fee, Employer Statement of Liability (Form 08-4255) and returned registration are processed by the state. ***Supervision under the new supervising Home Inspector and training time are not effective until approved by the state.***

Associate Home Inspector Name

Registration # _____

Mailing Address

City

State

Zip Code

PREVIOUS SUPERVISING HOME INSPECTOR

Name of Previous Supervising Home Inspector

Registration # _____

Mailing Address

City

State

Zip Code

License Expiration Date

Date supervision under previous supervising Home Inspector ended: _____

CURRENT SUPERVISING HOME INSPECTOR

Name of Current Employer/Supervisor

Registration # _____

Mailing Address

City

State

Zip Code

License Expiration Date

I certify that the information in this document is true and correct to the best of my knowledge.

Signature of Associate Home Inspector

Signature of Supervising Home Inspector

SUBSCRIBED AND SWORN to before me, a Notary Public, in and for the State of _____
this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____