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 AS 08.18.156.

Following are the requirements to obtain an Associate Home Inspector Registration in the State of Alaska:

1. 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.

2. A complete, signed and notarized application, including the Authorization for Release of Records (form 08-4046a).

3. The appropriate fees (make check or money order payable to the “State of Alaska”):
   - $30.00 Add category to existing registration
   - $100.00 Nonrefundable Application Fee
   - $250.00 Registration Fee

4. A Notarized Employer Statement of Liability form (08-4046b) provided by the department, completed by the registered Home Inspector who will be supervising you. This supervisor must hold a current registration in Alaska as a Home Inspector and must be registered in the same category of home inspection for which you are applying.

**GENERAL INFORMATION**

**WARNING** - Alaska Statute 11.56.200 states that any person who knowingly or intentionally furnishes false or fraudulent information on an application has committed a class A misdemeanor. Any false or misleading information may result in failure to obtain registration as a home inspector or subsequent revocation of that registration.

**RENEWAL** - Registration will expire biennially on June 30 of even-numbered years. Renewal notices are mailed approximately 60 days prior to the license expiration. It is the licensee’s responsibility to ensure renewal of the license. Please contact the division if you have a change of address. Failure to receive a renewal notice does not excuse nonrenewal.

**CHANGE OF ADDRESS** - A licensee is required to notify this division of any change in mailing address (12 AAC 02.900).

**SOCIAL SECURITY NUMBER REQUIREMENT** - 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.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOAN** - If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 or the Postsecondary Education office at (907) 465-2962 or 1-800-441-2962 to resolve payment issues.
## ASSOCIATE HOME INSPECTOR REGISTRATION APPLICATION

**Section I - To be completed by Associate**

### Requesting registration to inspect:  (MUST CHECK ONE)

- [ ] New Homes
- [ ] Existing Homes
- [ ] Both (Joint Registration)

### Make checks payable to the State of Alaska, or use the attached credit card payment form.

- [ ] $30.00 Add category to existing registration number: ________________
- [ ] $100.00 Nonrefundable Application Fee
- [ ] $250.00 Registration Fee

### Full Legal Name:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

### Mailing Address:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

### Daytime Phone:

<table>
<thead>
<tr>
<th>Date of Birth:</th>
</tr>
</thead>
</table>

### E-Mail Address:

**APPLICANT:** As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure. (per AS 08.01.060)

Social Security Number

### Name of Employer that will be supervising you:

<table>
<thead>
<tr>
<th>Employer's Alaska Home Inspector registration number:</th>
<th>Expiration Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] New Homes</td>
<td>[ ] Existing Homes</td>
</tr>
</tbody>
</table>

### Employer Address:

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>
Please answer the following:

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  

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  

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  

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  

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  

If you answered “Yes” to any of the above questions, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court documents, etc.).

CONFIDENTIALITY

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.

I hereby certify under oath that the information contained on this application is true and complete to the best of my knowledge. I understand that any false or misleading information may result in failure to obtain licensure or subsequent revocation of my license.

______________________________  
Signature of Applicant

______________________________  
Date

SUBSCRIBED AND SWORN to before me this _____ day of ____________________________, 20_______.

______________________________  
(NOTARY SEAL) Notary Public

My Commission Expires: ____________________________

WARNING: Pursuant to 12 AAC 60.050 the board may deny approval to sit for the licensing examinations, or revoke a license granted on the basis of false or misleading statements, whether made knowingly or not. An applicant may also be subject to criminal charges for perjury (AS 11.56.200).
TO WHOM IT MAY CONCERN:

I, ________________________________, residing at ________________________________,

______________________________, authorize the Alaska Division of Corporations, Business
and Professional Licensing and its investigators to examine my medical, employment, education records, and 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 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 which 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, drug or alcohol
evaluation, 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.

I request that upon presentation of this release, or a Certified True Copy, 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 is given expressly in connection with my application for a professional license or certification in the
State of Alaska.

Home                      Work
Telephone: __________________ Telephone: __________________

Signature: __________________ Date: __________________

08-4046a (Rev. 05/16/14)    Authorization for Release of Records page 1 of 2
EMPLOYER STATEMENT OF LIABILITY
For an Associate Home Inspector

SECTION II - To be completed by Employer

NOTE: This form must be completed and signed by the registered Home Inspector who will be providing the Employment/Supervision of the Associate Home Inspector.

Name of Employer/Supervisor: __________________________

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

Telephone Number: Day: ____________________________ Evening: ____________________________

I possess a current, unrestricted Alaska registration to perform Home Inspections on:

☐ New Homes  ☐ Existing Homes  ☐ Both (Joint Registration)

Alaska Home Inspector Registration No.: ____________________________ Expiration Date: ____________________________

I will be serving in the capacity of supervisor and employer of ____________________________ Name of Associate

and will provide supervision of this Associate Home Inspector’s work within the scope of practice authorized by my registration. I acknowledge that I am liable for the work done by the Associate Home Inspector.

I hereby certify under penalty of perjury that the above information is true and correct.

__________________________
Signature of Employer/Supervisor  Date

SUBSCRIBED AND SWORN to before me this __________ day of ____________________________, 20 ________.

__________________________
(Noteary Seal) Notary Public
My Commission Expires: ____________________________

Two witnesses’ signatures required if notary is not available:

Witness Signature ____________________________ Printed Name ____________________________ Date
Mailing Address: ____________________________

Witness Signature ____________________________ Printed Name ____________________________ Date
Mailing Address: ____________________________