



THE STATE

of **ALASKA**

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

### Home Inspector Section

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-8443 ★ Fax: (907) 465-2974

Email: license@alaska.gov

Website: <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing/HomeInspectors.aspx>

## ASSOCIATE 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 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.



**Please answer the following:**

**YES      NO**

- 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?.....
- 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.....
- 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))?.....
- 4. Have you ever had the authority to perform home inspections revoked in this state or in another jurisdiction (AS 08.18.022(5))?.....
- 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))?.....

**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: \_\_\_\_\_

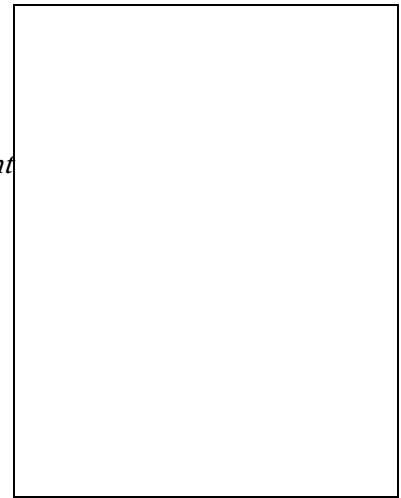
**WARNING:** Pursuant to 12 AAC 60.050 the board may deny approval to sit for the licensing examinations, or revoke a license granted on the basis of false or misleading statements, whether made knowingly or not. An applicant may also be subject to criminal charges for perjury (AS 11.56.200).





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AUTHORIZATION FOR RELEASE OF RECORDS

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 Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

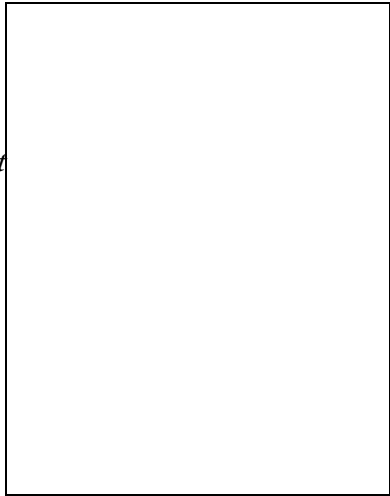
Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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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:

- checkbox New Homes checkbox Existing Homes checkbox 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\_\_\_\_\_.

(NOTARY 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: \_\_\_\_\_