



STATE OF ALASKA  
 DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT  
 HOME INSPECTOR SECTION  
 333 WILLOUGHBY AVENUE, 9TH FLOOR  
 P.O. BOX 110806  
 JUNEAU, AK 99811-0806  
 (907) 465-5470  
 E-mail: license@alaska.gov

**EMPLOYER STATEMENT OF LIABILITY**  
**For an Associate Home Inspector**  
*(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 Home Inspector

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, a Notary Public, in and for the State of \_\_\_\_\_

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: \_\_\_\_\_