



APPLICATION FOR LICENSURE AS A HOME INSPECTOR

State Form 53175 (R5 / 8-16)

Approved by State Board of Accounts, 2016

**HOME INSPECTORS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
 402 West Washington Street, Room W072
 Indianapolis, IN 46204
 Telephone: (317) 234-3009
 E-mail: pla9@pla.IN.gov
 www.pla.IN.gov

- INSTRUCTIONS:** 1. The fee for this application is \$50.00, payable to the Indiana Professional Licensing Agency, in accordance with 878 IAC 1-3-1.
 2. All fees are non-refundable and non-transferable.
 3. Please refer to the instructions on our website at www.pla.IN.gov for the licensing requirements.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code 4-1-8-1. Disclosure is mandatory, and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSE ISSUED (month, day, year)	

Please attach one (1)
 passport type
 quality photograph here.
 (See Instructions.)

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name (last, first, middle, maiden or previous)

Current address (number and street or rural route)

City State ZIP code

Permanent address, if different from the above current address (number and street or rural route)

City State ZIP code

Work telephone number () Home telephone number () E-mail address

Date of birth (month, day, year) Place of birth (city and state) Social Security number *

Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) Yes No

Are you an active duty member of the military? (Optional) Yes No

EDUCATION INFORMATION

Have you graduated from high school or obtained a GED? Yes No *If "Yes", please provide information below.*

Name of school Location (city and state) Diploma / GED date (month, day, year)

PRE-LICENSING COURSE INFORMATION

APPLICANTS MUST ATTACH AN ORIGINAL CERTIFICATE OF COURSE COMPLETION.

Name of course provider	Indiana Course Provider Registration number	Date of completion (<i>month, day, year</i>)
Location (<i>city and state</i>)	Number of classroom credit hours completed	Number of in-field training hours completed

CERTIFICATE OF INSURANCE

(Applicants must attach an original or notarized copy of their Certificate of Insurance)

Name of insurance provider	
Telephone number of insurance provider ()	Policy number

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board? Yes No

If "Yes", list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED (<i>month, day, year</i>)	STATUS

If your answer is "Yes" to any of the following, explain fully in a sworn affidavit, including all related details, and provide copies of all relevant arrest or court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any license, registration, certificate, or permit that you hold or have held? Yes No
2. Have you ever been denied a license, registration, certificate, or permit to practice or perform any regulated occupation in any state (*including Indiana*) or country? Yes No
3. Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,
 - (1) have you ever been arrested; Yes No
 - (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state; Yes No
 - (3) have you ever been convicted of any offense, misdemeanor, or felony in any state; Yes No
 - (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or Yes No
 - (5) have you ever pled nolo contendere to any offense, misdemeanor, or felony in any state? Yes No
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? Yes No

APPLICATION AFFIRMATION

I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant

Date signed (*month, day, year*)

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency, or the Indiana Home Inspectors Licensing Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency and the Indiana Home Inspectors Licensing Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information, which is material to my application, and I hereby specifically release the Agency, and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant

Date signed (*month, day, year*)