



APPLICATION FOR LICENSURE AS A HOME INSPECTOR

State Form 53175 (R8 / 8-22)
Approved by the State Board of Accounts, 2017

**HOME INSPECTORS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3031
E-mail: pla12@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. Completed application and fees should be mailed to the address listed in the upper right-hand corner of this form.
3. All fees are non-refundable and non-transferable.
4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it. ** This information is being requested for workforce statistical purposes only; disclosure is voluntary.	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSED ISSUED (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

BASIS FOR LICENSURE

1. Are you a resident of Indiana? Yes No By checking Yes, you are consenting to the following:

Per IC 25-20.2-5-4,

(1) the applicant agrees to the commencement of any action arising out of the conduct of the applicant's business in Indiana in the county in which the events giving rise to the cause of action occurred;

(2) the applicant:

(A) agrees to provide to the board the name and address of an agent to receive service of process in Indiana; or

(B) consents to the board acting as the applicant's agent for the purpose of receiving service of process; if:

(i) an agent's name and address have not been filed with the board; or

(ii) the agent's name and address on file with the board are incorrect; and

(3) the applicant agrees that service of process in accordance with the Indiana Rules of Trial Procedure is proper service and subjects the applicants to the jurisdiction of Indiana courts.

2. Are you moving to Indiana? Yes No

APPLICANT INFORMATION

Name of applicant (last, first, middle, maiden)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()		E-mail address (required)
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.)		
<input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641). <input type="checkbox"/> I am authorized by the Federal Government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional)		Are you an active duty member of the military? (Optional)
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> 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)
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PRE-LICENSING COURSE INFORMATION

APPLICANTS MUST ATTACH CERTIFICATE OF COURSE COMPLETION *

* If course provider was not approved by the Indiana board at the time you completed the course, the provider may request and become approved before you file this application.

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

INSURANCE / SURETY BOND INFORMATION

Applicants must attach a copy of their certificate of insurance.

Name of insurance / surety bond company	Policy number	
Telephone number of insurance / surety bond company ()	Amount of coverage	Dates of coverage (month, day, year) From To

LICENSURE

List all the states in which you have been registered to practice any regulated profession.

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

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment regarding any offence, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes <input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes <input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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 any files, documents, records or other information pertaining to the undersigned requested by the Agency or any of its 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 information.

I further authorize the Professional Licensing Agency 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 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 affirm, under penalties for perjury, that the foregoing representations are true.

Signature of applicant

Date (*month, day, year*)