



# APPLICATION FOR REINSTATEMENT OF RETIRED HOME INSPECTOR LICENSE

State Form 54626 (R4 / 5-18)

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

- INSTRUCTIONS:**
1. The fee for this application is \$10.00, 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](http://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.

FOR OFFICE USE ONLY		
Application fee	Date fee paid (month, day, year)	Receipt number
Reinstated license number	Date license reinstated (month, day, year)	

**According to 878 IAC 1-3-5, the continuing education required for reinstatement is:**

- 0 - 3 years in retirement = sixteen (16) hours within last twelve (12) months**
- 3 - 6 years in retirement = thirty-two (32) hours within last twenty-four (24) months**
- 6 years or more in retirement = Amount of CE determined by the Board and licensee must pass the National Examination required for licensure.**

**DO NOT WRITE ABOVE THIS LINE**

APPLICANT INFORMATION		
Name of applicant (last, first, middle)	Social Security number *	
Date of birth (month, day, year)	Place of birth (city and state or country)	
Address of applicant (number and street or rural route)	City, state, and ZIP code	
Telephone number (daytime) ( )	E-mail address	
Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity **	Race **
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).		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 (month, day, year)	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
- 5. Have you completed the continuing education to reinstate your license as required by 878 IAC 1-3-5?  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 Indiana 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 Indiana 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 (month, day, year)