

**State of Florida**  
**Department of Business and Professional Regulation**  
**Instructions for Home Inspector – Licensure Application Form # DBPR HI 0401**

**Section I - Application Type**

CHECK THE APPLICATION TYPES
<input type="checkbox"/> Licensure by Initial Examination-based on training (Complete sections I, II, III, IV, VIII, IX of this application). <b>(0401/1030)</b>
<input type="checkbox"/> Licensure by Endorsement – based on out of state certification / license (Complete sections I, II, III, V, VIII, IX of this application). <b>(0401/1035)</b>
<input type="checkbox"/> Change of Status – Become Inactive (Complete Sections VI, IX of this application) <b>(0401/4020)</b>
<input type="checkbox"/> Change of Status – Become Active (Complete Sections I, II, III, VI, VIII, IX) <b>(0401/3020)</b>
<input type="checkbox"/> Licensure by Grandfathering – based on examination, education or experience that was completed prior to March 1, 2011 (Complete sections I, II, III, VII, VIII, IX of this application). <b>(0401/1031)</b>
Please indicate whether you are applying for an active or inactive status license:
<input type="checkbox"/> Active Status
<input type="checkbox"/> Inactive Status

**Section II - Applicant Personal Information**

PERSONAL INFORMATION			
Social Security Number*			
FULL LEGAL NAME			
Last/Surname	First	Middle	Suffix
Birth Date (MM/DD/YYYY) / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
MAILING ADDRESS			
Street Address or P.O. Box			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
CONTACT INFORMATION			
Primary Phone Number	Primary E-Mail Address		
RESIDENCE ADDRESS (IF DIFFERENT THAN MAILING ADDRESS)			
Street Address			
City	State	Zip Code (+4 optional)	
County (if Florida address)	Country		
ADDITIONAL CONTACT INFORMATION (OPTIONAL)			
Alternate Phone Number	Fax Number		
Alternate E-Mail Address			

\* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by Federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653, 654, and 666(a); and Sections 455.203(9), 409.2577, and 409.2598, Florida Statutes. Social Security numbers must be recorded on all professional and occupational license applications and will be used to allow efficient screening of applicants and licensees by a Title IV-D Child Support Agency to assure compliance with child support obligations.

**Section II - Applicant Personal Information - continued**

CURRENT/PRIOR LICENSE INFORMATION			
If you currently hold or have previously held a business or professional license/registration in Florida or elsewhere, please list them below (attach additional copies if necessary):			
1. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
2. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
3. License/Registration Type	State	Date (From) / /	Date (To) / /
License Number		Name Used	
PRIOR NAME INFORMATION			
Have you used, been known as, or been called by another name (e.g., maiden name or nickname) or alias other than the name signed to the application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If your answer is yes, state name or names used below:			
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix
Last/Surname	First	Middle	Suffix

**Section III (a) – Background Questions**

BACKGROUND QUESTIONS			
1.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Have you ever been convicted or found guilty of, or entered a plea of nolo contendere or guilty to, regardless of adjudication, a crime in any jurisdiction, or are you currently under criminal investigation? This question applies to any criminal violation of the laws of any municipality, county, state or nation, including felony, misdemeanor and traffic offenses (but not parking, speeding, inspection, or traffic signal violations), without regard to whether you were placed on probation, had adjudication withheld, were paroled, or pardoned. If you intend to answer "NO" because you believe those records have been expunged or sealed by court order pursuant to Section 943.0581, Florida Statutes, or applicable law of another state, you are responsible for verifying the expungement or sealing prior to answering "NO." YOUR ANSWER TO THIS QUESTION MAY BE CHECKED AGAINST LOCAL, STATE AND FEDERAL RECORDS. FAILURE TO ANSWER THIS QUESTION ACCURATELY MAY RESULT IN THE DENIAL OR REVOCATION OF YOUR LICENSE. IF YOU DO NOT FULLY UNDERSTAND THIS QUESTION, CONSULT WITH AN ATTORNEY OR CONTACT THE DEPARTMENT.
2.	<input type="checkbox"/> Yes (If yes, please complete Section III (b))	<input type="checkbox"/> No	Has any judgment or decree of a court been entered against you in this or any other state, province, district, territory, possession or nation, related to the practice or profession for which you are applying, or is there any such case or investigation pending?
3.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Have you ever had an application for registration, certification, or licensure in Florida or in any other jurisdiction denied, or is there now pending a proceeding or investigation to deny such an application?
4.	<input type="checkbox"/> Yes (If yes, please complete Section III (c))	<input type="checkbox"/> No	Has any license, registration, or permit to practice any regulated profession, occupation, vocation, or business been revoked, annulled, suspended, relinquished, surrendered, or otherwise disciplined in Florida or in any other jurisdiction, or is any such proceeding or investigation now pending?

If you answered "YES" to questions 1-4 above, please provide the full details of any criminal conviction, lawsuit or judgment, or administrative action, including the nature of any charges, outcomes, sentences, and/or conditions imposed; the dates, name and location of the court and/or jurisdiction in which any proceedings were held or are pending; and the designation and/or license number for any actions against a license or licensure application. Please complete Section III (b) for your response to questions 1 and 2, and complete Section III (c) for your response to questions 3 and 4. If you have more than three offenses to document in Section III (b), attach additional copies as necessary.

**Section III (b) – Explanation(s) for Background Questions 1 and 2**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section III (b) – Explanation(s) for Background Questions 1 and 2 - continued**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	

**Section III (b) – Explanation(s) for Background Questions 1 and 2 - continued**

EXPLANATION	
Offense	
County	State
Penalty/Disposition	
Date of Offense (MM/DD/YYYY) / /	Have all sanctions been satisfied? <input type="checkbox"/> Yes <input type="checkbox"/> No
Description	



## Section VI – Change of Status to Active or Inactive Status

REQUEST FOR INACTIVE TO ACTIVE OR ACTIVE TO INACTIVE STATUS		
License Holder's Name:	License Number:	
<input type="checkbox"/> Active to Inactive Status	<input type="checkbox"/> Inactive to Active Status	
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
County (if Florida address)	Country	
Phone Number	Fax Number	
Licensee's Signature:	Date:	
<p><b>Please be advised that an inactive license will prohibit you from acting as a licensed inspector under any and all circumstances in the State of Florida. If you wish to return to active status you must request reactivation, pay all applicable reactivation and renewal fees, and comply with all applicable license renewal requirements. An inactive license is required to complete all required continuing education requirements as a condition of license renewal. Any inspector working on an inactive license is subject to disciplinary action.</b></p>		

## Section VII(a) — Licensure by Grandfathering

<p>Please complete the <b>Certification</b> or <b>Experience</b> section below if you are applying for a license by grandfathering.</p> <p><b><u>Certification:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit Proof of completing at least 14-hours of verifiable education related to home inspection.</li> <li><input type="checkbox"/> Submit proof of being certified home inspector by having passed a proctored state or national association examination on home inspection services prior to March 1, 2011.</li> <li><input type="checkbox"/> Complete Electronic Fingerprint Background Check.</li> </ul> <p><b>or</b></p> <p><b><u>Experience:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit certificate of completion of 14-hours of verifiable education on home inspection services.</li> <li><input type="checkbox"/> Complete Electronic Fingerprint Background Check</li> <li><input type="checkbox"/> Verify 3-years experience by completing section VII (b) of this application and submitting at least 120 home inspection reports prepared by the applicant. The home inspections should cover the following components: <ul style="list-style-type: none"> <li>○ <b>Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure</b></li> </ul> </li> </ul> <p>Applications for Grandfathering must be submitted prior to March 1, 2011.</p> <p><b><u>Applicants applying via certification must submit the following:</u></b></p> <p>Exam Taken (Attach results of exam):</p> <p>Name of the organization through which the exam was offered:</p> <p>Date of Examination:</p>
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### Section VII(b) Experience Verification

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection <ul style="list-style-type: none"> <li>• Indicate if all components of a home were inspected.</li> </ul>	Number of inspection <ul style="list-style-type: none"> <li>• Please identify attached inspection reports by numbering from 1-120).</li> </ul>
1	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
2	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
3	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
4	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
5	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
6	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
7	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
8	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
9	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
10	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection <ul style="list-style-type: none"> <li>• Indicate if all components of a home were inspected.</li> </ul>	Number of inspection <ul style="list-style-type: none"> <li>• Please identify attached inspection reports by numbering from 1-120).</li> </ul>
11	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
12	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
13	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
14	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
15	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
16	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
17	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
18	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
19	<input type="checkbox"/> Yes  <input type="checkbox"/> No	
20	<input type="checkbox"/> Yes  <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
21	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	<input type="checkbox"/> Yes <input type="checkbox"/> No	
23	<input type="checkbox"/> Yes <input type="checkbox"/> No	
24	<input type="checkbox"/> Yes <input type="checkbox"/> No	
25	<input type="checkbox"/> Yes <input type="checkbox"/> No	
26	<input type="checkbox"/> Yes <input type="checkbox"/> No	
27	<input type="checkbox"/> Yes <input type="checkbox"/> No	
28	<input type="checkbox"/> Yes <input type="checkbox"/> No	
29	<input type="checkbox"/> Yes <input type="checkbox"/> No	
30	<input type="checkbox"/> Yes <input type="checkbox"/> No	



- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
31	<input type="checkbox"/> Yes <input type="checkbox"/> No	
32	<input type="checkbox"/> Yes <input type="checkbox"/> No	
33	<input type="checkbox"/> Yes <input type="checkbox"/> No	
34	<input type="checkbox"/> Yes <input type="checkbox"/> No	
35	<input type="checkbox"/> Yes <input type="checkbox"/> No	
36	<input type="checkbox"/> Yes <input type="checkbox"/> No	
37	<input type="checkbox"/> Yes <input type="checkbox"/> No	
38	<input type="checkbox"/> Yes <input type="checkbox"/> No	
39	<input type="checkbox"/> Yes <input type="checkbox"/> No	
40	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
41	<input type="checkbox"/> Yes <input type="checkbox"/> No	
42	<input type="checkbox"/> Yes <input type="checkbox"/> No	
43	<input type="checkbox"/> Yes <input type="checkbox"/> No	
44	<input type="checkbox"/> Yes <input type="checkbox"/> No	
45	<input type="checkbox"/> Yes <input type="checkbox"/> No	
46	<input type="checkbox"/> Yes <input type="checkbox"/> No	
47	<input type="checkbox"/> Yes <input type="checkbox"/> No	
48	<input type="checkbox"/> Yes <input type="checkbox"/> No	
49	<input type="checkbox"/> Yes <input type="checkbox"/> No	
50	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
51	<input type="checkbox"/> Yes <input type="checkbox"/> No	
52	<input type="checkbox"/> Yes <input type="checkbox"/> No	
53	<input type="checkbox"/> Yes <input type="checkbox"/> No	
54	<input type="checkbox"/> Yes <input type="checkbox"/> No	
55	<input type="checkbox"/> Yes <input type="checkbox"/> No	
56	<input type="checkbox"/> Yes <input type="checkbox"/> No	
57	<input type="checkbox"/> Yes <input type="checkbox"/> No	
58	<input type="checkbox"/> Yes <input type="checkbox"/> No	
59	<input type="checkbox"/> Yes <input type="checkbox"/> No	
60	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
61	<input type="checkbox"/> Yes <input type="checkbox"/> No	
62	<input type="checkbox"/> Yes <input type="checkbox"/> No	
63	<input type="checkbox"/> Yes <input type="checkbox"/> No	
64	<input type="checkbox"/> Yes <input type="checkbox"/> No	
65	<input type="checkbox"/> Yes <input type="checkbox"/> No	
66	<input type="checkbox"/> Yes <input type="checkbox"/> No	
67	<input type="checkbox"/> Yes <input type="checkbox"/> No	
68	<input type="checkbox"/> Yes <input type="checkbox"/> No	
69	<input type="checkbox"/> Yes <input type="checkbox"/> No	
70	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
71	<input type="checkbox"/> Yes <input type="checkbox"/> No	
72	<input type="checkbox"/> Yes <input type="checkbox"/> No	
73	<input type="checkbox"/> Yes <input type="checkbox"/> No	
74	<input type="checkbox"/> Yes <input type="checkbox"/> No	
75	<input type="checkbox"/> Yes <input type="checkbox"/> No	
76	<input type="checkbox"/> Yes <input type="checkbox"/> No	
77	<input type="checkbox"/> Yes <input type="checkbox"/> No	
78	<input type="checkbox"/> Yes <input type="checkbox"/> No	
79	<input type="checkbox"/> Yes <input type="checkbox"/> No	
80	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
81	<input type="checkbox"/> Yes <input type="checkbox"/> No	
82	<input type="checkbox"/> Yes <input type="checkbox"/> No	
83	<input type="checkbox"/> Yes <input type="checkbox"/> No	
84	<input type="checkbox"/> Yes <input type="checkbox"/> No	
85	<input type="checkbox"/> Yes <input type="checkbox"/> No	
86	<input type="checkbox"/> Yes <input type="checkbox"/> No	
87	<input type="checkbox"/> Yes <input type="checkbox"/> No	
88	<input type="checkbox"/> Yes <input type="checkbox"/> No	
89	<input type="checkbox"/> Yes <input type="checkbox"/> No	
90	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
91	<input type="checkbox"/> Yes <input type="checkbox"/> No	
92	<input type="checkbox"/> Yes <input type="checkbox"/> No	
93	<input type="checkbox"/> Yes <input type="checkbox"/> No	
94	<input type="checkbox"/> Yes <input type="checkbox"/> No	
95	<input type="checkbox"/> Yes <input type="checkbox"/> No	
96	<input type="checkbox"/> Yes <input type="checkbox"/> No	
97	<input type="checkbox"/> Yes <input type="checkbox"/> No	
98	<input type="checkbox"/> Yes <input type="checkbox"/> No	
99	<input type="checkbox"/> Yes <input type="checkbox"/> No	
100	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
101	<input type="checkbox"/> Yes <input type="checkbox"/> No	
102	<input type="checkbox"/> Yes <input type="checkbox"/> No	
103	<input type="checkbox"/> Yes <input type="checkbox"/> No	
104	<input type="checkbox"/> Yes <input type="checkbox"/> No	
105	<input type="checkbox"/> Yes <input type="checkbox"/> No	
106	<input type="checkbox"/> Yes <input type="checkbox"/> No	
107	<input type="checkbox"/> Yes <input type="checkbox"/> No	
108	<input type="checkbox"/> Yes <input type="checkbox"/> No	
109	<input type="checkbox"/> Yes <input type="checkbox"/> No	
110	<input type="checkbox"/> Yes <input type="checkbox"/> No	



- A report must be issued on all eight components to meet the definition of a home inspection (Structure, Electrical Systems, HVAC Systems, Roof Covering, Plumbing Systems, Interior Components, Exterior Components, and Site Conditions that affect the structure).
- Confidential information concerning client's names, property addresses, etc. may be redacted from the list of projects and reports.

Date of Inspection	Description of Inspection Indicate if all components of a home were inspected.	Number of inspection • Please identify attached inspection reports by numbering from 1-120).
111	<input type="checkbox"/> Yes <input type="checkbox"/> No	
112	<input type="checkbox"/> Yes <input type="checkbox"/> No	
113	<input type="checkbox"/> Yes <input type="checkbox"/> No	
114	<input type="checkbox"/> Yes <input type="checkbox"/> No	
115	<input type="checkbox"/> Yes <input type="checkbox"/> No	
116	<input type="checkbox"/> Yes <input type="checkbox"/> No	
117	<input type="checkbox"/> Yes <input type="checkbox"/> No	
118	<input type="checkbox"/> Yes <input type="checkbox"/> No	
119	<input type="checkbox"/> Yes <input type="checkbox"/> No	
120	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## VIII – PROOF OF INSURANCE

## INSURANCE – FOR ACTIVE LICENSEES ONLY

Have you obtained commercial general liability insurance in the amounts determined by 468.8322?  
Yes  No

**Minimum amounts required for General Liability Insurance:**  
Commercial general liability - \$300,000

## Section IX – Attestation Statement

## ATTESTATION STATEMENT

Each application for a license or renewal of a license issued by the Department of Business and Professional Regulation shall be signed under oath or affirmation by the applicant, or owner or chief executive of the applicant without the need for witnesses unless otherwise required by law. I certify that I am empowered to execute this application as required by section 559.79, FS. I understand that my signature on this application has the same legal effect as if made under oath. All information contained on this application is true and correct. I understand that falsification of any information on this application may result in administrative action, including a fine, suspension or revocation of the license.

Signature:

Date:

Print Name:

If you have any questions or need assistance in completing this application, please contact the Department of Business and Professional Regulation, Customer Contact Center, at **850.487.1395**.

Electronic fingerprinting is located at various convenient sites throughout Florida (<https://www.myfloridalicense.com/efp3.html>). Reservations and payment can be made by visiting the Pearson VUE reservation website at [www.PearsonVUE.com](http://www.PearsonVUE.com) (and selecting 'Digital Fingerprinting Services') or by calling Pearson VUE at 1.877.238.8232. **You must pay a fee of \$57.25 to Pearson VUE for the processing of your electronic fingerprints. This cost is in addition to the application fees listed on this application package.**

If you are located outside of the state of Florida, or if you have any questions regarding the electronic fingerprinting process, please visit <http://www.myflorida.com/dbpr/pro/cilb/faq.html>.

**Applicants are responsible for ensuring that their fingerprints have been scanned by the Department's vendor prior to submitting their application.**

**LICENSURE APPLICANTS**

**Licensure by Examination** requires passage of an examination, completion of a 120 hour pre-licensure course, and completed application. All fees are to be submitted to the department at the time of application. The fee is \$330 (\$125 application fee, \$200 initial licensure fee and \$5.00 unlicensed activity fee). Your check or money order, made payable to the Department of Business and Professional Regulation, should be attached to the application. Florida applicants will be required to take and pass a national exam offered by the department's vendor. Applications filed for licensure under this provision will be reviewed by the department for approval or denial. If you wish to schedule to take the examination, please visit our web site for information on the departments' [testing vendor](#) or by contacting the Department of Business and Professional Regulation, Customer Contact Center, at 850.487.1395.

**LICENSURE BY ENDORSEMENT**

**Licensure by Endorsement** requires a certificate of licensure from your home state, completed application and all fees to be submitted to the department at the time of application. The fee is \$330 (\$125 application fee, \$200 initial licensure fee and \$5.00 unlicensed activity fee). Your check or money order, made payable to the Department of Business and Professional

Regulation, should be attached to the application. Applications filed under this provision will be reviewed by the department to determine qualification for licensure by endorsement.

### **CHANGE OF STATUS**

**Change of Status from inactive to active or active to inactive** requires a completed application, all fees and completion of all continuing education hours if required. The change of status fee is \$200. Your check or money order, payable to the Department of Business and Professional Regulation, should be attached to the application. Applications filed under this provision will be reviewed by the department to determine eligibility to change status. All applicants for licensure as a home inspector in this state will be required to submit electronic fingerprints for criminal background investigations.

### **LICENSURE BY GRANDFATHERING**

**Licensure by Grandfathering** requires passage of an examination that is substantially similar to the state of Florida required examination and 14 hours of verifiable education related to home inspection. A completed application and all fees must be submitted to the department before March 1, 2011. The fee is \$330 (\$125 application fee, \$200 initial licensure fee and \$5.00 unlicensed activity fee). Your check or money order, made payable to the Department of Business and Professional Regulation, should be attached to the application. Applications filed under this provision will be reviewed by the department to determine eligibility based on meeting both requirements prior to July 1, 2010 for licensure by grandfathering.

**APPLICATION CHECKLIST — IMPORTANT - Submit all items on the checklist below with your application to ensure faster processing**

TRANSACTION	APPLICATION REQUIREMENTS
<b>Initial Examination Application</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete sections I, II, III, IV, VIII, IX of this application.</li> <li><input type="checkbox"/> Pay <b>\$330 fee</b> (make check payable to Department of Business and Professional Regulation).</li> <li><input type="checkbox"/> Submit Certificate of Completion of 120 hour pre-licensure course a log of all inspections completed during the 20-hour field training portion of the 120-hour pre licensure training.</li> <li><input type="checkbox"/> Complete Electronic Fingerprint Background Check with the department's vendor.</li> </ul>
<b>Licensure by Endorsement</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections I, II, III, V, VIII, IX of this application.</li> <li><input type="checkbox"/> Pay <b>\$330 fee</b> (Make check payable to Department of Business and Professional Regulation).</li> <li><input type="checkbox"/> Submit certificate of licensure.</li> <li><input type="checkbox"/> Complete Electronic Fingerprint Background Check with the department's vendor.</li> </ul>
<b>Change of status; Become Inactive</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections VI, IX of this application.</li> <li><input type="checkbox"/> Pay <b>\$200 fee</b> (Make check payable to Department of Business and Professional Regulation).</li> </ul>
<b>Change of status; Become Active</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections I, II, III, VI, VIII, IX of this application.</li> <li><input type="checkbox"/> Pay <b>\$200 fee</b> (Make check payable to Department of Business and Professional Regulation).</li> </ul>
<b>Licensure by Grandfathering</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Sections I, II, III, VII, VIII, IX of this application</li> <li><input type="checkbox"/> Pay <b>\$330 fee</b> (make check payable to the Department of Business and Professional Regulations)</li> <li><input type="checkbox"/> Submit certificate of completion of 14 hours of verifiable education on home inspection services.</li> <li><input type="checkbox"/> Complete Electronic Fingerprint Background Check</li> </ul> <p><b><u>And one of the following:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit proof of certification through having passed a proctored examination prior to March 1, 2011.</li> </ul> <p style="text-align: center;"><b>-OR-</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Submit 120 home inspections prepared by the applicant.</li> </ul>

**Please mail your completed application, documentation and required fee(s) to:  
The Department of Business and Professional Regulation  
1940 North Monroe Street  
Tallahassee, Florida 32399-0783**