

RE: Alabama Home Inspectors Registration Program

MUST READ: IMPORTANT INFORMATION UPDATE – MUST READ

On January 22, 2004, the Building Commission proposed to amend chapter 170-X-24.05 (License Requirements) and Chapter 170-X-24.06 (Annual License Renewal, Consequences of Failure to Renew). On March 8, 2004, the proposed amendments were adopted. These rules are designed to implement the requirements for home inspection and EIFS licensing enacted by the Legislature in Act 2002-517. You may obtain copies of the adopted rules at our website www.bc.state.al.us.

NEW REQUESTED INFORMATION / CHANGES... PLEASE READ

Home Inspectors there are some NEW changes and NEW requested information

Due to the delay in mailing out applications, and to expedite this renewal process, please adhere to **ALL THAT IS REQUESTED TO EXPEDITE YOUR APPLICATION.**

1. The **NEW** contact phone number for home inspections division is **334-242-4802**.
2. New Requested information **ON APPLICATION: EMAIL ADDRESSES....** Please see application.
3. If you have **already mailed in** your renewal application for processing, **DO NOT DUPLICATE** application. **Email me your email address, Phyllis.stallworth@bc.alabama.gov**
4. To help **expedite** your application process, I will need your **HELP**, please send a **copy of insurance certificate with your application renewal. Please make sure your application(s) are notarized, ONLY cashier's check or money order are accepted.** If insurance certificate is not sent, your application will be delayed. The reason, your file will must be checked manually for current certificate of liability insurance coverage. **SEND A COPY OF INSURANCE WITH APPLICATION.**
5. A **grace period** has been given for '2017' application renewals. However, send your application in as soon as possible.
6. **InterNACHI has been added** as a professional home inspection training group on the home inspector application in **category "A"**.
7. Please **fill out "doing business in COUNTIES"**, this form is included with **this application.** This data is **NOT** an automatic fill-in. **If form is not completed, only the county for business address will be listed.**
8. If you should have questions, please feel free to contact me. You will probably get a quicker response if you email me, all of my contact information is listed above.
9. It's **VERY IMPORTANT**, **your address and insurance is always current with this agency.**
10. Most importantly, **I personally would like to apologize to each of you** for the delay in this renewal process **calendar year 2017. I thank each of you who called, trying to find out what the heck was going on... Your professionalism, and kindness speak beyond all things... thanks.**
11. Happy New Year everybody and thank you for your service!
12. **HAVE YOU READ 1 – 11? IF NOT, PLEASE DO SO AT THIS TIME....**

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From The Office of The Division of Construction Management

HOME INSPECTOR APPLICATION



| | | | | | | | | | |
|---|--|--|--|--------------------------------------|------------------|--|--|--------------------------------------|--|
| Initial Application <input type="checkbox"/> | | Renewal Application <input type="checkbox"/> | | <i>For Office Use Only</i> | | Date Received | | Date Issued | |
| Applicant Name <i>(Please Type or Print in Dark)</i> | | | | | | Home Inspector License # <i>For Office Use Only</i> | | | |
| Street Address or P. O. Box | | | | | | Apartment # | | | |
| City | | State | | Zip Code | | Home Telephone # | | | |
| Email Address: | | | | | | | | | |
| Social Security No. | | | | | Employer I.D. No | | | | |
| Business Name | | | | | | | | | |
| Street Address or P. O. Box | | | | | | Suite # | | | |
| City | | State | | Zip Code | | Business Telephone # | | | |
| Applicant is Doing Business as: | | | | | | | | | |
| <input type="checkbox"/> Individual Proprietorship | | <input type="checkbox"/> L. L. C. | | <input type="checkbox"/> Partnership | | <input type="checkbox"/> Franchise | | <input type="checkbox"/> Corporation | |
| <p>If you checked above that the business is a partnership, you must list the name and address of each partner below</p> <p style="text-align: center;">OR</p> <p>If you checked above that the business is a corporation, L.L.C., or franchise, you must list the names and address of the corporate officers and the statutory agent for service. (Please place a check mark [✓] by the statutory agent.)</p> | | | | | | | | | |
| 1. | | | | 3. | | | | | |
| 2. | | | | 4. | | | | | |

Insurance Certificate:

The enclosed insurance certificate must be completed and submitted to our office, as proof of your having obtained the required insurance.

Name of Insurance Company: _____ Policy No.: _____

Has applicant successfully completed the American Society of Home Inspectors Standards and Ethics Examination? Yes () No ()

Has applicant successfully completed the National Home Inspector Examination? Yes () No ()

∫ Please submit copies of required exams to show proof of compliance.

QUALIFICATIONS:

To qualify as a home inspector you must meet the qualifications in at least **ONE** of the following categories; in addition, you must provide proof of your qualifications. You only have to qualify in **ONE** category **NOT ALL** categories.

[PLEASE CHECK THE BOX THAT APPLIES TO YOU.

Category A -- Professional Membership in One of The Following

- | | |
|---|---|
| <input type="checkbox"/> Inspection Depot | <input type="checkbox"/> Advantage Systems ASP, LLC |
| <input type="checkbox"/> Inspection Technology Institute | <input type="checkbox"/> International Society of Home Inspectors |
| <input type="checkbox"/> American Society of Home Inspectors, Inc. (ASHI) | <input type="checkbox"/> Housing Inspection Foundation (HIF) |
| <input type="checkbox"/> National Association of Home Inspectors, Inc. (NAHI) | <input type="checkbox"/> Home Inspection Institute (HII) |
| <input type="checkbox"/> National Institute of Building Inspectors (NIBI) | <input type="checkbox"/> American Inspectors Society (AIS) |
| <input type="checkbox"/> InterNACHI | <input type="checkbox"/> Home Inspection Institute of America |

Category B -- Certification or Approval by One of the Following:

- | | |
|---|---|
| <input type="checkbox"/> International Code Congress | <input type="checkbox"/> U.S. Veterans Administration |
| <input type="checkbox"/> U.S. Department of Housing and Urban Development | <input type="checkbox"/> Council of American Building Officials |

Category C -- Alabama Licensure on or after 1/1/98 for One of the Following:

- | | |
|--|---|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Registered Professional Engineer |
| <input type="checkbox"/> Registered Professional Architect | <input type="checkbox"/> Residential Home Builder |

[PLEASE SUBMIT A COPY OF CERTIFICATE OR LICENSE AS PROOF OF QUALIFICATIONS FOR A - C.

Category D -- Education and Work Experience

- | | | |
|--|-----------|------------------------------|
| <input type="checkbox"/> High School Diploma | OR | <input type="checkbox"/> GED |
|--|-----------|------------------------------|

In addition to high school requirements, you must have at least one year's experience as a home inspector, and proof of having completed 100 home inspections for compensation (a list of names, addresses , and telephone numbers of the property inspected must be provided).

[PLEASE SUBMIT A COPY OF DIPLOMA OR GED CERTIFICATE AS PROOF OF HIGH SCHOOL EDUCATION.

OATH -- (Act.2002-517 requires that the applicant submit application under oath.)

I, _____, solemnly swear or affirm that I have read the forgoing questions and have personally answered the same fully and honestly and the answers to said questions are true to my knowledge.

Applicant's Signature

(Seal)

Sworn and subscribed to before me this _____ day
of _____, _____

Notary Public

My Commission Expires: _____

This application should be mailed, along with the insurance, qualifications, tests compliance and your registration fee of \$300.00 to:

**ATTENTION HOME INSPECTORS REGISTRATION SECTION
Department of Finance/Division of Construction Management
P O BOX 301150
MONTGOMERY, AL 36130-3054**

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CERTIFICATES ARE NO LONGER ISSUED WITH RENEWAL APPLICATIONS

You will remain as a certified/registered home inspector, who is duly licensed and registered to practice as a home inspector providing your license remains unrevoked, unsuspended and unexpired.

Home Inspector Renewal Requirements:

1. Notarized home inspector's application - (MANDATORY)
2. Proof of qualifications in ONE of the categories listed - (A – C).
3. Testing compliance MUST be on file - Standards of Practice and Code of Ethics (ASHI); and the National Home Inspector Examination (EBPHI). Check "YES" and write "ON FILE".
4. **Insurance Certification** – Applicant must obtain required liability insurance covering the applicant's home inspection operations in the sum of NOT less than the required amount. Applicant must also obtain the required minimum coverage of \$250,000.00 errors and omissions insurance. Your insurance coverage must have a **VALID POLICY NUMBER (TBA NOT ACCEPTED, BINDER NOT ACCEPTED)**, **CERTIFICATE TO INCLUDE EFFECTIVE COVERAGE DATES.** ◀ ◀ ◀
5. Registration Fee - \$300.00 made payable to the **Division of Construction Management**, Payable with money order, cashier's check, commercial money order. **Credit cards, cash, and personal or company checks are not accepted.**
6. Alabama Counties – Business Services

Please allow 1-2 weeks processing time for completed applications.

REMEMBER - It is MANDATORY to RENEW your license each year.