

Home Inspector Examination Application

You can use this form to apply to take the home inspector license exam. Send this completed form to:

Home Inspectors
Department of Licensing
PO Box 9021
Olympia, WA 98507-9021



Once approved, you will be notified with additional information explaining the examination process.

Please include the following documents:

- Home Inspector Examination Application
- · Copy of the Certificate of Completion of a Washington State approved Fundamentals of Home Inspection course
- Completed Home Inspection Field Training log

Applicant information

TYPE OR PRINT Legal name (Last, First, M.	Date of birth					
Mailing address (Number, street, and suite or	room number)					
City State				ZIP code		
(Area code) Daytime telephone number	Email address					
Answer all of the following						
1. With the exception of motor vehicle violations, have you ever been convicted of a felony, or gross misdemeanor by this state, any other state, the federal government, or any other jurisdiction within the past ten years?						
If Yes, you will be subjected to an investigation, and may be denied a license.						
2. Is there a criminal complaint or accusation, or other information presently pending against you, or are you under indictment in this state, any other state, by the federal government, or by any other jurisdiction?						
3. Has any application for a professional or occupational license or permit made by you ever been denied, or has a license or permit issued to you ever been suspended, revoked, censured, or fined, in this state or any other jurisdiction?						
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in which the subject matter involved business related activity? □ Yes □ No						
5. Are you currently required to register as a sex offender in this state or any other state?						
If Yes, list state and county						
If you answered "Yes" to any of these questions, attach a letter of explanation. Include the charge, date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.						

WAC 308-408A-030

Home inspection field training

TYPE OR PRINT Applicant legal name (Last, First, Middle initial)

(40 hours and 5 actual inspections involving written reports within 2 years prior to exam)

nspection date	Property address	Inspection hours	Name of supervising inspector	Initials of supervising instructor	Instructo license number

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Providing false information in this application may be cause for the denial, suspension, or revocation of your home inspector license in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

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	X	
Date and place	Applicant signature	
I certify under penalty of perjury under the laws of	f the state of Washington that the foregoing is true and correct.	
	X	
Date and place	Supervising inspector signature	