

# Wisconsin Department of Safety and Professional Services

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Madison, WI 53703

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR REGISTRATION AS A HOME INSPECTOR

#### EXAMINATIONS NOTE:

I have completed both portions of the home inspector exam: the Wisconsin Statutes and Rules Exam and the National Home Inspector Exam. (Enclose a copy of the document you received from the national testing agency showing proof of passing the national exam.) **If you have not completed both exams, do not submit this application.**

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK**  Your name and address are available to the public.  
 Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number ( ____ ) _____ - _____
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Ethnic/gender status information is optional. Sex:  M  F Ethnic:  White, not of Hispanic origin  Black, not of Hispanic origin  Hispanic  American Indian or Alaskan  Asian or Pacific Islander  Other

Have you ever held a license/credential in the state of Wisconsin? \_\_\_\_ Yes \_\_\_\_ No (please indicate)  
If yes, provide your Wisconsin license/credential number. \_\_\_\_\_

The license will expire on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

**APPLICATION FEES:** Make check payable to Department of Safety and Professional Services and attach to application

- \$ 75.00 Initial credential fee  
 \$ 207.00 Reinstatement  
(\$132 renewal + \$75 exam)

**For Receiving Use Only**

#### OFFICE USE ONLY

TYPE	GRANT DATE	REGISTRATION #

# Wisconsin Department of Safety and Professional Services

## AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of the Department of Safety and Professional Services will be cause for disciplinary action.

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Signature of Applicant

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Date