

# Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935  
Madison, WI 53708-8935

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1400 E. Washington Avenue  
Madison, WI 53703

E-Mail: web@dps.wi.gov  
Website: http://dps.wi.gov

## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### APPLICATION FOR HOME INSPECTOR EXAMINATION

**IMPORTANT:** You must contact the Examination Board of Professional Home Inspectors, Inc., at (800) 733-9267 to register for and take the National Home Inspector Examination. You must pass the Wisconsin Statutes and Administrative Rules Exam and the National Exam to apply for a license.

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

Your name and address are available to the public.

**PLEASE TYPE OR PRINT IN INK**  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)

Email Address

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 Home Inspector license expires on December 14 of the even-numbered year. It may be renewed for a two year period at that time.

**EXAMINATION INFORMATION:** Confirmation to take the Wisconsin statutes and administrative rules examination will be sent to you via your email address.

**APPLICATION FEE: Make one check payable to DSPS for the total DSPS fee and attach to this application.**

**For Receiving Use Only**

\$ 75.00 Examination fee

# Wisconsin Department of Safety and Professional Services

**MARK AN X IN THE APPROPRIATE BOX.** If you answer **Yes** to any question, give all details on a separate sheet.

**YES NO**

- a. Have you ever been convicted of a misdemeanor or a felony, or driving while intoxicated (DWI), in this or any other state, **OR** are criminal charges or DWI charges currently pending against you? If YES, complete and attach Form #2252.
- b. Have you ever surrendered, resigned, canceled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If YES, give details on an attached sheet, including the name of the profession and the agency.
- c. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation or revocation? If YES, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.
- d. Is disciplinary action pending against you in any jurisdiction? If YES, attach a sheet providing details about pending action, including the name of the agency and status of action.
- e. Have any suits or claims ever been filed against you as a result of professional services? If YES, submit a copy of the claim or suit and a copy of the final settlement or disposition.
- f. Do you currently hold, or have you in the past held, any credential (license) issued by the Department of Safety and Professional Services or any of the Boards? If YES, what type of credential?

And if in another name, what name? \_\_\_\_\_

## APPLICANT MUST SIGN

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type or Print Name of Person Signing Above

# Wisconsin Department of Safety and Professional Services

## CERTIFICATION OF LEGAL STATUS.

I declare under penalty of law that I am (check one):

\_\_\_\_\_ a citizen or national of the United States, or

\_\_\_\_\_ a qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

## ALL APPLICANTS MUST COMPLETE THIS SECTION

### AFFIDAVIT OF APPLICANT

**I declare 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 failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause for disciplinary action.**

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Signature of Applicant

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Date

