

Wisconsin Department of Safety and Professional Services

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Office Location: 4822 Madison Yards Way
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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR COMPLETING HOME INSPECTOR APPLICATION FORM

An applicant is not eligible for examination unless the application (Form #2466) and fees are received at the Department at least 30 days before the date of the examination (Wis. Stat. § [440.973\(3\)](#)).

Before obtaining registration as a Home Inspector, you must take and pass the National Home Inspector Examination administered by the Examining Board of Professional Home Inspectors (EBPHI) and the Wisconsin Home Inspector Statutes and Rules Examination. You may take the national and state exams in any order.

- To schedule an appointment to take the National Home Inspector exam, contact EBPHI directly at <http://www.homeinspectionexam.org/> or (800) 733-9267.
- To apply for the state exam, submit this form (Form #2466). The Department will email the instructions and an application ID number.

INITIAL APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Home Inspector Registration (Form #2466)**
2. **Credential and Exam Fees** Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services. To pay by credit card see [Form #3071](#).
3. **National Home Inspector Examination** Submit proof of passing the national exam administered by EBPHI. [Applicants must pass an examination approved by the Department. In approving an examination, the Department shall consider the use of an examination that is similar to an examination that is required for membership in the American Society of Home Inspectors ([Wis. Stat. § 440.973\(1\)](#)).]
4. **Wisconsin Statutes and Rules Examination** An applicant shall successfully complete an online examination on Wisconsin statutes and rules relating to the practice of home inspection before a credential can be issued in Wisconsin. Information to take the online examination will be provided after an application for registration and fees have been received at the Department.
5. **Convictions and Pending Charges (Form #2252)** (if applicable)

RECIPROCAL APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Home Inspector Registration (Form #2466)**
2. **Credential and Exam Fees** Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services. To pay by credit card see [Form #3071](#).
3. **Convictions and Pending Charges (Form #2252)** (if applicable)
4. **National Home Inspector Examination** Submit proof of passing the national exam administered by EBPHI. [Applicants must pass an examination approved by the Department. In approving an examination, the Department shall consider the use of an examination that is similar to an examination that is required for membership in the American Society of Home Inspectors ([Wis. Stat. § 440.973 \(1\)](#)).]
5. **Wisconsin Statutes and Rules Examination** An applicant shall successfully complete an online examination on Wisconsin statutes and rules relating to the practice of home inspection before a credential can be issued in Wisconsin. Information to take the online examination will be provided after an application for registration and fees have been received at the Department.
6. **Registration/Licensure in Other State(s)** To apply via reciprocity, proof of registration/licensure in good standing as a home inspector in another state is required. For every state where you have ever been registered/licensed, contact the state(s) where registered/licensed and request that a verification and a statement regarding discipline be sent directly to the Department.

Please Note The requirements of the state where you are registered/licensed will be reviewed by the Department to determine if they meet or exceed Wisconsin requirements per [Wis. Stat. § 440.972\(1m\)](#).

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REINSTATEMENT APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED (WI registration expired more than 5 years)

1. **Application for Home Inspector Registration (Form #2466)**
2. **Credential and Exam Fees** Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services. To pay by credit card see [Form #3071](#).
3. **Wisconsin Statutes and Rules Examination** An applicant shall successfully complete an online examination on Wisconsin statutes and rules relating to the practice of home inspection before a credential can be issued in Wisconsin. Information to take the online examination will be provided after an application for registration and fees have been received at the Department.
4. **Convictions and Pending Charges (Form #2252)** (if applicable)
5. **Registration/Licensure in Other State(s)** (If applicable) If you have ever been registered/licensed in another state, contact the state(s) where registered/licensed and request that verification and a statement regarding discipline be sent directly to the Department.

Please note: The Department may also require demonstration of competence by various methods including, but not limited to, written or oral examination, documentation of home inspection in other jurisdictions, or documentation of current education or experience in the field ([Wis. Admin. Code § 131.14](#)).

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DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING APPLICATION FOR HOME INSPECTOR REGISTRATION

The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK

Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
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Address (street) (city) (state) (zip code) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>
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Mailing Address (if different) (street) (city) (state) (zip code) <input style="width: 95%;" type="text"/>	Date of Birth <input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
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Social Security Number <input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051 . The Department may not disclose the Social Security Number collected except as authorized by law.
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Ethnicity/gender status information is optional.

GENDER <input type="checkbox"/> M <input type="checkbox"/> F	ETHNICITY <input type="checkbox"/> White, not of Hispanic origin <input type="checkbox"/> Black, not of Hispanic origin	<input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic <input type="checkbox"/> Other
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Have you ever been licensed in Wisconsin as a Home Inspector? Yes No If yes, list your credential number:

E-mail Address

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay by credit card see [Form #3071](#).

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Credentialing Fee**
 \$ 51.00 Initial Credential Fee
 \$ 75.00 State Law Exam
\$126.00 Total Fee Attached
- Reciprocal Credentialing Fee**
 \$ 51.00 Credential Fee
 \$ 75.00 State Law Exam
\$126.00 Total Fee Attached
- Reinstatement (credential expired more than 5 years)**
 \$ 51.00 Renewal Fee
 \$ 25.00 Late Fee
 \$ 75.00 State Law Exam
\$151.00 Total Fee Attached

For Receiving Use Only (106)

Wisconsin Department of Safety and Professional Services

ARE YOU A VETERAN? If yes, please view the Department website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the "PROFESSIONS," then the hyperlink for "Home Inspector."

I AM OR HAVE BEEN LICENSED IN THE FOLLOWING STATE(S). (Include all active and inactive credentials.) For each state where you have ever been registered/licensed, contact the state and request that verification and a statement regarding discipline be sent directly to the Department.

REGARDING THE STATES YOU LISTED ABOVE: Identify the states in which you were licensed by EXAM.

ANSWER THE FOLLOWING QUESTIONS (Attach additional sheets if necessary.)

1.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Have you ever been convicted of a misdemeanor, felony, or other violation of federal or state law or do you have any felony, misdemeanor, or other violation of federal or state law charges pending against you in this state or any other? This includes convictions resulting from a plea of no contest, a guilty plea, or verdict. If yes, submit Convictions and Pending Charges Form #2252 and required documentation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Are you incarcerated, on probation, or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

Wisconsin Department of Safety and Professional Services

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 of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature:

(Print and Sign Form)

Date: / /