



WASHINGTON STATE DEPARTMENT OF  
**LICENSING**

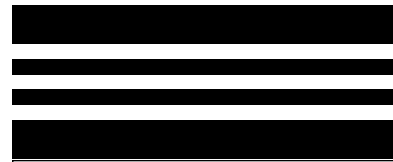
## Licensed Home Inspector Renewal Application

Apply for a renewal of your Home Inspector License.

Online: <https://professions.dol.wa.gov>

Or by mail: Complete, and sign this application and send it with a check or money order (payable to the Department of Licensing) to:

**Home Inspector Licensing  
Department of Licensing  
PO Box 3917  
Seattle WA 98124-3917**



For questions or language help call: (360) 664-6487

### Fees

License renewal fee—**\$415**  
Late renewal—**\$485**

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

- \$0 self-print license online.  
 \$5 each. DOL print and mail license. Quantity \_\_\_\_\_ Total \$ \_\_\_\_\_

### Applicant information

TYPE or PRINT Name (as it appears on your license)			
Mailing address			
City		State	ZIP code
License number	(Area code) Daytime phone number	Email	
Continuing education Have you taken 24 clock hours of approved continuing home inspector education as required by RCW 18.280.090 and WAC 308-408A-110 and can you provide documentation to the Department of Licensing if requested? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No			

### Legal background

Answer the following  
Answer the questions below. If you answer "Yes," attach a detailed explanation.

1. Within the last 5 years, in this state or any other jurisdiction, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? . . . . .  Yes  No

2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) . . . . .  Yes  No

*I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.*

Date and place	TYPE or PRINT Name <b>X</b>
	Applicant signature

**Providing false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**