



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF HOME INSPECTORS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@state.de.us](mailto:customerservice.dpr@state.de.us)

## APPLICATION FOR LICENSED HOME INSPECTOR BY GRANDFATHER PROVISION INSTRUCTION SHEET

### When to Apply by Grandfather Provision

If you already have a home inspection business, the grandfather provision allows you to become licensed without meeting certain requirements that you would otherwise be required to meet, such as passing an examination ([24 Del. C. §4108\(d\)](#)).

To take advantage of the grandfather provision, **you must submit an application on or before November 4, 2013 AND meet one of the following experience requirements:**

- You completed at least 250 home inspections in Delaware before August 6, 2013.

OR

- You have at least five years experience performing home inspections before August 6, 2013.

**If you fail to submit your application by November 4, 2013, you must apply by endorsement or register as a Delaware [Home Inspector Trainee](#).**

### Requirements for All Applicants

Follow these instructions carefully to submit the application and required documentation. **Failing to follow the instructions may cause your application to be rejected and you may miss the deadline for applications based on the grandfather provision.**

- Submit completed, signed and notarized [Application for Licensed Home Inspector by Grandfather Provision](#).
- Enclose non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive a certificate of *Liability, Errors and Omissions Insurance*, sent *directly* from the insurance carrier to the Board office.
  - You or your employer must carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance.
- If you have ever held a license in another jurisdiction (state, U.S. territory or District of Columbia), arrange for the Board office to receive a letter of good standing sent *directly* from each jurisdiction where you have ever been a home inspector trainee or held home inspector certification/licensure.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
  - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.*

- If you wish to qualify based on the number of inspections you have performed in Delaware, submit a record of Delaware inspections.
  - You may use the [Experience Log](#) form included with the application *or* you may submit a printout of your own spreadsheet provided it includes at least the same information as the *Experience Log*.
  - The record you submit must show that you completed *at least 250* home inspections in Delaware *before August 6, 2013*.
  - The Board may request more documentation, such as copies of sample home inspection reports, for review to verify your experience.
  - When submitted in connection with this grandfather application, the supervisor's signoff on the *Log* is not required.
  
- If you wish to qualify based on five years experience in performing inspections in Delaware or elsewhere, submit verification of your experience as follows:
  - The documentation you submit must verify *at least five years'* experience performing home inspections *before August 6, 2013*.
  - For periods when you were employed, arrange for the Board office to receive *Verification of Employment* form(s), included with this application, completed and signed by your employer(s). The forms must be notarized and sent directly from the employer to the Board office.
  - If you cannot obtain a *Verification of Employment* form from an employer, you may substitute tax W-2 forms. However, you must include a written explanation why you cannot obtain a *Verification of Employment* form from the employer.
  - For periods when you were self-employed, provide tax documents.
  - The Board may request more documentation, such as copies of sample home inspection reports, for review to verify your experience.

When the Board office has received your application and all required supporting documentation, the Board will review it at its next [meeting](#).



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## APPLICATION FOR LICENSED HOME INSPECTOR BY GRANDFATHER PROVISION

### IDENTIFYING AND CONTACT INFORMATION

- Name: \_\_\_\_\_  
Last First Middle initial
- Other Names Used: \_\_\_\_\_  
(Include maiden, other married, alternative spellings.)
- Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female
- Have you been issued a U.S. Social Security Number? Yes  No  **If yes, enter your SSN:** \_\_\_\_\_  
**If no, you must file a [Request for Exemption from Social Security Number Requirement](#).**
- Mailing** Address: \_\_\_\_\_  
City State Zip code
- Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### HOME INSPECTION EXPERIENCE

- You may qualify for licensure under the grandfather provision based on either of the following experience requirements. **Check only one experience requirement.**  
 I wish to qualify on the basis of performing at least 250 home inspections in Delaware before August 6, 2013.  
 I wish to qualify on the basis of performing home inspections for at least five years before August 6, 2013.

**Submit proof of your experience – either a record of Delaware Inspections performed or five years of experience – as explained on the Instruction Sheet.**

### INSURANCE INFORMATION

- Do you or your employer carry at least \$50,000 of errors and omissions insurance and at least \$250,000 of liability insurance? Yes  No  **If no, skip to the LICENSURE HISTORY section. If yes, check one:**  
 I carry the required amounts of insurance.  
 My employer carries the required amounts of insurance. *If you check this item, complete the following:*  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
Employer Phone: \_\_\_\_\_ Employer Email: \_\_\_\_\_
- Name of Insurance Carrier: \_\_\_\_\_

**Arrange for the Board office to receive a certificate of insurance, sent directly from the insurance carrier to the Board office.**

## LICENSURE HISTORY

10. Have you ever been a home inspector trainee or held a license or certificate as a home inspector in any jurisdiction? Yes  No  **If yes, list each jurisdiction:**

JURISDICTION	LICENSE NUMBER

**Arrange for the Board office to receive a letter of good standing *directly* from each jurisdiction where you have ever been a trainee or held a license or certification.**

## DISCLOSURES

11. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes  No  **If yes, submit a complete explanation and a certified copy of your criminal history record from any jurisdiction in which you have been convicted or pardoned. For information on obtaining a Delaware criminal history record, see [State Bureau of Identification](#).**
12. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**
13. Have you ever received any administrative penalties (disciplines) regarding your practice as a home inspector, including but not limited to fines, formal reprimands, license suspensions or revocation (except for license revocations for nonpayment of license renewal fees), probationary limitations, **or** have you entered into any agreements which contain conditions placed by a regulatory agency on your professional conduct and practice, including any voluntary surrender of a license, certificate or registration in Delaware or elsewhere? Yes  No  **If yes, submit a copy of the agency's order and a written explanation.**
14. Are any disciplinary proceedings or unresolved complaints pending against you in any jurisdiction where you are currently, or were previously, licensed, certified, or registered? Yes  No  **If yes, submit a written explanation.**
15. Do you have any impairment related to drugs or alcohol that would limit your ability to act as a home inspector in a manner consistent with the safety of the public? Yes  No  **If yes, submit a written explanation.**

**To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the meeting date:**

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

**Applications that are not complete within 12 months of filing may be considered abandoned and discarded. When your application is complete, please allow 4-6 weeks to receive your license.**

**AFFIDAVIT**

I, the applicant, being duly sworn according to law, depose and say that the answers above set forth are true to the best of my knowledge and belief and that the application is made for the purpose of inducing the issuance of the license requested. I hereby confirm that I have read and agree to abide by all home inspector laws and rules in the State of Delaware and agree to cooperate with any investigation initiated by the Delaware Board of Home Inspectors including providing relevant documents and personally appearing before the Board and/or its investigators. I further affirm and state that any *Experience Log* or other record of my home inspection experience submitted in support of this application is true and correct and that the activities for which I claim experience are truthfully represented in the log. Upon request of the Board, I will make available for examination copies of home inspection reports or files prepared by me for which I claim experience in the *Experience Log* or any of the home inspection reports or files prepared by me in the course of my practice notwithstanding the fact that such reports or fields were not listed on the *Experience Log* submitted in support of this application.

**Applicant Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Signature of Notary Public: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.**



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**VERIFICATION OF EMPLOYMENT**

**INSTRUCTIONS**

An applicant may qualify for Delaware licensure as a Home Inspector under a grandfather provision if he or she performed home inspections in Delaware or elsewhere for **five years before August 6, 2013**. To verify home inspection experience for periods that you were employed, arrange for the Board office to receive a *Verification of Employment* form from each employer. The employer must complete and sign the form in the presence of a notary and submit the form *directly* to the Board office.

**APPLICANT INFORMATION – To be completed by applicant**

Name: \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EMPLOYER AFFIDAVIT – To be completed by employer**

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Did the applicant provide services as a Home Inspector while in your employment? Yes  No  If yes, enter the dates of the applicant's employment: From \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

**AFFIDAVIT**

**I, the employer named above, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.**

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

City of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**Return this form *directly* to the Delaware Board of Home Inspectors at address above.**



## DELAWARE BOARD OF HOME INSPECTORS EXPERIENCE LOG

### Instructions

- You must submit an *Experience Log* to the Board when you are applying for licensure by either
  - *Examination*, or
  - *Grandfather Provision* and you wish to qualify for a grandfathered license based on the number of inspections you have performed in Delaware.
- You must maintain an *Experience Log* while you are a registered Home Inspector Trainee. You will be required to submit the completed *Log* to the Board when you apply for Home Inspector licensure by examination.
- The Board office must receive a *Verification of Home Inspector Supervision* form, which is included in the Home Inspector Trainee application form, for *each* supervisor who appears on your *Experience Log*. (This requirement does not apply if you are submitting the *Log* in connection with an application under the grandfather provision.)
- Use the following guidelines to complete your *Experience Log*. (Items 5-7 below – the supervising home inspector’s name, signature and license number – are not required if you are submitting the *Log* in connection with an application under the grandfather provision.)
  1. Enter your name and, if you are Trainee, your Trainee registration number, at the top of each page of the *Log*.
  2. You may copy the *Log*. Number the *Log* pages in the space provided in the upper right corner.
  3. List the client name and property address. ***Include the city, state and zip code.***
  4. Enter date of inspection in month/day/year format.
  5. Print the name of the licensed home inspector who supervised the inspection.
  6. Enter the license number of the licensed home inspector that supervised the inspection.
  7. The supervising home inspector must sign the log in the space provided.
  8. Sign and date the bottom of each page of the *Log*.

DELAWARE BOARD OF HOME INSPECTORS EXPERIENCE LOG

Home Inspector Name: \_\_\_\_\_

Home Inspector Delaware License #: \_\_\_\_\_

Inspection Number	Client Name/Property Address City, State and Zip	Inspection Date	Name of Supervisor	Supervisor Delaware License Number	Signature of Supervisor
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	
				H4 - _____	

I affirm and state that this *Experience Log* is true and correct and that the activities listed are truthfully represented in this log. Upon request of the Board, I will make available for examination copies of home inspection reports or files prepared by me for which I claim experience in this *Experience Log*.

**Home Inspector Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_