



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 HOME INSPECTOR TRAINEE REGISTRATION

### INSTRUCTIONS

#### When to Apply

Before applying for Delaware licensure as a Home Inspector by [examination](#), you must first register as a Home Inspector Trainee and complete the required inspections. Apply for registration as a Home Inspector Trainee only if you do **not** hold a *current* license as a Home Inspector in another jurisdiction (state, U.S. territory or District of Columbia). If you hold a current Home Inspector license in another jurisdiction, apply by [endorsement](#).

#### Requirements

- Submit a completed, signed and notarized [Application for Home Inspector Trainee](#).
- Enclose the non-refundable [processing fee](#) by check or money order made payable to "State of Delaware."
- Arrange for the Board office to receive a [Verification of Home Inspector Trainee Supervision](#) form (included with this application) completed and signed by your supervising Delaware-licensed Home Inspector(s).
  - The supervisor must send the form *directly* to the Board office.
  - If you have more than one supervisor, *each* supervisor must submit a completed and signed form.
- 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.

When the application is considered complete, the Board will review it at its next [meeting](#). If approved, the Board office will issue your registration.

#### Completing Required Inspections

At least 75 *supervised* home inspections are required for Delaware Home Inspector licensure. **You may start accumulating the required inspections after your trainee registration is issued.** You and your supervising Home Inspector(s) must maintain records of your inspections on the [Experience Log](#). The Log will be required when you apply for Home Inspector licensure by [examination](#).

### IDENTIFYING AND CONTACT INFORMATION

1. Name: \_\_\_\_\_  
Last First M.I.

2. Other Names Used: \_\_\_\_\_  
(Include maiden, other married, alternative spellings.)

3. Date of Birth (month/day/year): \_\_\_\_\_ Gender:  Male  Female

4. 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](#).

5. **Residence** Address: \_\_\_\_\_  
City State Zip code

6. **Residence** Phone: \_\_\_\_\_ **Residence** Email: \_\_\_\_\_

## SUPERVISOR INFORMATION

7. Supervisor Name: \_\_\_\_\_ Delaware License: H4- \_\_\_\_\_  
*If you have more than one, enter your main supervisor. See Instruction Sheet*

8. **Business** Name: \_\_\_\_\_

9. **Business** Address: \_\_\_\_\_

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

10. **Business** Phone: \_\_\_\_\_ **Business** Email: \_\_\_\_\_

11. Will you have other supervisors? Yes  No  **If yes, enclose a separate sheet listing each supervisor and his/her Delaware Home Inspector license number.**

Arrange for the Board office to receive a [Verification of Home Inspector Trainee Supervision](#) form completed and signed by each supervising Home Inspector.

## LICENSURE HISTORY

12. Have you ever been a registered home inspector trainee or held a Home Inspector license 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

13. 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](#).**

14. Are any criminal charges pending against you in any jurisdiction? Yes  No  **If yes, submit a certified copy of your criminal history record.**

15. 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 complete explanation and a copy of the agency's order.**

16. 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.**

17. 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.**

18. Do you certify that you will carry your registration card while performing supervised home inspections? Yes  No

To ensure 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.

**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 HOME INSPECTOR TRAINEE SUPERVISION**

**INSTRUCTIONS: Each of a Trainee applicant's supervising home inspector(s) completes and signs this form**

1. Trainee Applicant's Name: \_\_\_\_\_  
Last First Middle Initial

2. Supervisor's Name: \_\_\_\_\_  
Last First Middle Initial

3. Do you hold a Delaware Home Inspector license? Yes  No  If no, STOP. You cannot supervise a trainee. If yes, enter DE License: H4- \_\_\_\_\_

4. Business Address: \_\_\_\_\_  
City State Zip code

5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

6. I certify that the applicant named above will assist in completing home inspection reports and may co-sign the home inspection under my supervision. Yes  No

7. Do you certify that you will:
- actively and personally supervise the trainee? Yes  No
  - review and sign the home inspection report? Yes  No
  - accept total responsibility for the home inspection report? Yes  No
  - review and approve the trainee's *Experience Log* and provide copies of any home inspection reports the trainee assisted in preparing as requested by the Board? Yes  No
  - comply with all rules and policies for supervisory home inspectors? Yes  No
  - only assign work to the trainee if the trainee is competent to perform such work? Yes  No
  - not charge the trainee any fee or other item of value as a condition of supervision? Yes  No
  - not require a trainee to execute a non-compete contract as a condition of supervision? Yes  No

8. Do you supervise anyone other than the trainee named above? Yes  No  If yes, enter the information at right.

NAME OF TRAINEE/LICENSEE	LICENSE NUMBER	JURISDICTION

9. Do you agree to notify the Board in writing when you are no longer supervising the trainee? Yes  No

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

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

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

SEAL

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

**Return the signed, completed, notarized form directly to the Board office at the 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 Examination.
- 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*.
- Use the following guidelines to complete your *Experience Log*.
  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:** \_\_\_\_\_