



THE STATE  
of

**ALASKA** *Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing*

**Home Inspectors Program**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: [HomeInspectors@Alaska.Gov](mailto:HomeInspectors@Alaska.Gov)

Website: [ProfessionalLicense.Alaska.Gov/HomeInspectors](http://ProfessionalLicense.Alaska.Gov/HomeInspectors)

## Change of Employer/Supervisor

Associate home inspectors must immediately notify the division, in writing, when they change their supervising home inspector. Supervision under the new supervising home inspector and training time are not effective until approved by the state.

### PART I Registrant Information

Associate Home Inspector Name:		AK Registration Number:	
Mailing Address:	P.O. Box or Street	City	State Zip

### PART II PREVIOUS Supervisor Information

Home Inspector Name:		AK Registration Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Date Supervision Ended:			

### PART III NEW Supervisor Information

<input type="checkbox"/> I am currently unassigned.			
Home Inspector Name:		AK Registration Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
<input type="checkbox"/> I understand the Employer Statement of Liability form (#08-4255) must be completed and submitted by the new supervising home inspector.			

### PART IV Signatures

I certify that the information in this document is true and correct to the best of my knowledge.			
Associate Home Inspector Signature:		Date Signed:	
Supervising Home Inspector Signature:		Date Signed:	