



THE STATE  
of **ALASKA**

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

**HIN**

FOR DIVISION USE ONLY

**Home Inspectors Program**

PO Box 110806, Juneau AK 99811-0806

Phone: (907) 465-2550

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

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

## Home Inspector Registration Renewal

**July 1, 2024 – June 30, 2026**

- Your Home Inspector registration lapses after June 30, 2024. There is no grace period — it is illegal to work if your license has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your license certificate will be available for printing via the MY LICENSE self-service portal.

### PART I Payment of Fees

Renewal Fees:	<input type="checkbox"/> Biennial Registration Renewal	<b>\$250.00</b>
	<i>(For registrations first issued on or before June 30, 2023)</i>	
	<input type="checkbox"/> Prorated Registration Renewal	<b>\$125.00</b>
	<i>(For registrations first issued on or after July 1, 2023)</i>	

### PART II Personal Information

Full Legal Name: Name change: <input type="checkbox"/>	Alaska Home Inspector Registration Number:	
If you have had a legal name change since your last registration was issued, you must complete a <u>Change of Name</u> form.		
Mailing Address: Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
Contact Phone:	Date of Birth:	
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.		
Email Address:	Select One:	<input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail
Note: If both boxes are selected above, you will receive correspondence electronically.		
SOCIAL SECURITY NUMBER: AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.		

## PART III Professional Fitness Questions

The following questions must be answered. "Yes" answers may not automatically result in license denial.

**For each "yes" response to any question, you must provide an explanation and documentation.** Use the letter of explanation form (#08-4752) appended to this application; include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. A separate letter of explanation form must be provided for each "yes" answer documented below. Documentation includes copies of court orders, charging documents, board, or license actions, etc.

When in doubt about your response, disclose and provide the required explanation and documents. Applications submitted without the required attachments will be considered incomplete and will not be processed.

The contents of licensing files are generally considered public records. If you believe that the additional information you are attaching to explain a "yes" answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted.

### When in doubt, disclose and explain.

***Since the date your last Alaska home inspector registration was issued or renewed:***

- |           |  |   |
|-----------|--|---|
| <b>1.</b> | Have you been convicted of a crime or are you currently charged with committing a crime? For purposes of this question, "crime" includes a misdemeanor, felony, or a military offense, including, but not limited to, driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license. "Convicted" includes having been found guilty by verdict of a judge or jury, having entered a plea of guilty, nolo contendere or no contest, or having been given probation, a suspended imposition of sentence, or a fine. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/>     |  |   |
| <b>2.</b> | Have you had a professional license denied, revoked, suspended, or otherwise restricted, conditioned, or limited or have you surrendered a professional license, been fined, placed on probation, reprimanded, disciplined, or entered into a settlement with a licensing authority in connection with a professional license you have held in any jurisdiction including Alaska and including that of any military authorities or is any such action pending?   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| <hr/>     |  |   |
| <b>3.</b> | Have you been under a sentence for an offense related to forgery, theft in the first or second degree, extortion, or defrauding creditors or for a felony involving dishonesty?  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

"Yes" Answers

**If you answered "yes" to any of the above questions, you must submit signed and dated documentation explaining the specific circumstance(s) of the incident(s).**

## PART IV Statement of Compliance

By checking the appropriate box below, you are verifying your compliance with the continuing competency requirements of 12 AAC 22.300-320. 12 AAC 02.965, I understand that any hours I earned after June 30, 2024 may not be used for the subsequent renewal period.

☐ **Renewal for registrations first issued on or before July 1, 2022**

I certify that I have successfully completed the required 8 hours of continuing education in accordance with 12 AAC 22. If audited, I agree to provide documentation that verifies I meet this training as claimed.

- or -

☐ **Renewal for registrations first issued between July 1, 2022 and June 30, 2023**

I certify that I have successfully completed the required 4 hours of continuing education in accordance with 12 AAC 22. If audited, I agree to provide documentation that verifies I meet this training as claimed.

- or -

☐ **Renewal for registrations first issued on or after July 1, 2023**

I certify that I have held my license for less than 12 months and am not required to obtain continuing education for this renewal only.

Continuing Competency

Do not submit CE documentation unless requested for audit.

Random Audit

A percentage of renewal applications will be randomly selected for audit. If selected, you will be sent a letter and required to submit copies of documentation as proof that you satisfied the continued competency requirements as stated on this renewal.

## PART V Bonding

☐ **Surety Bond**

The bonding information you submit must be consistent with the information that is currently on file with the Division. Contact your bonding company for a continuation certificate stating that the bond is still in full force and in effect. If you have been issued a new bond at any time during the licensing period and did not submit it to the Division, submit the new original signed bond and power of attorney with this renewal application.

<b>Bond Provider:</b>			
<b>Bond Number:</b>		<b>Bond Effective Date:</b>	

☐ **Time Certificate of Deposit (TCD)**

A TCD statement, or letter of verification, from your bank dated within the last 30 days.

☐ **State Trust Account**

No information required if you have a State Trust Account on file with the division.

## PART VI Insurance

☐ **General Liability Insurance**

You must submit a new certificate of liability insurance (ACORD 25) or other acceptable proof of insurance listing the insured exactly as licensed, including the name of the insurance provider, policy number, commencement date, and expiration date.

**Provide the following information in the fields below, in addition to submitting proof of insurance:**

<b>Insurance Provider:</b>			<b>Policy Number:</b>	
<b>Policy Effective Date:</b>		<b>Policy Expiration Date:</b>		



THE STATE  
of **ALASKA**

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

**HIN**

FOR DIVISION USE ONLY

**Home Inspectors Program**

PO Box 110806, Juneau AK 99811-0806

Phone: (907) 465-2550

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

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

## Signature Page

**Applicant Name:**

### **PART VII** Agreement

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand that any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to practice in the state of Alaska.

I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

**Applicant Signature:**

**Date Signed:**

## General Information

### **LICENSE TERM:**

There is no “inactive” status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on June 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before license expiration to the last known email or mailing address of record.

### **APPLICATION PROCESSING:**

The average time to process a paper application varies by program but can take several weeks from the date it is received in this office complete with all correct forms, supporting documents and appropriate fees paid. When the application is complete and correct, and all supporting documents have been received and all fees have been paid, the license will be issued. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review.

### **PROFESSIONAL FITNESS QUESTIONS:**

A “yes” response in the application does not mean your application will be denied. If you have responded “yes” to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and the charging document and judgement.

### **RANDOM AUDIT:**

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, a letter will be sent with instructions to submit documentation as proof you satisfied the continuing competency requirements as stated on this renewal form. Licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exemption from Social Security Number Requirement form (#08-4372) located at *ProfessionalLicense.Alaska.Gov* or contact the division for a copy of the form. This form is required with every application if you do not have a U.S. Social Security Number.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the division's website at *ProfessionalLicense.Alaska.Gov* under License Search.

### **ABANDONED APPLICATIONS:**

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued, and all fees will be forfeited.

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the specific program you want to be updated on to the address below.

Regulations Specialist

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

EMAIL: *RegulationsAndPublicComment@Alaska.Gov*

## Continuing Competency

### Section

**300.** Home inspector continuing competency requirements

**310.** Acceptable continuing competency activities

**320.** Contact hours

**330.** Audit of continuing competency requirements

#### **12 AAC 22.300** - Home inspector continuing competency requirements

- (a) Except as provided in (b) of this section, an applicant for renewal of a home inspector registration must document having completed at least eight contact hours of acceptable continuing competency activities for the concluding licensing period.
- (b) An applicant for renewal of a home inspector registration for the first time must document having completed at least four contact hours of acceptable continuing competency activities for each complete calendar year the applicant held a registration during the concluding licensing period. If an applicant under this subsection held a registration for less than one complete calendar year during the concluding licensing period, the applicant is not required to complete any contact hours of continuing competency activities.

#### **12 AAC 22.310** - Acceptable continuing competency activities

- (a) To be approved by the department, a continuing competency activity must contribute directly to the professional competency of a home inspector and must be directly related to the skills and knowledge required for an individual to work as a home inspector.
- (b) A continuing competency activity approved by one of the following organizations is approved by the department, without additional action, if the organization submits the information required by (c)(2) of this section and verification that the activity meets the requirements of (a) of this section:
  - (1) the Alaska Housing Finance Corporation (AHFC);
  - (2) the University of Alaska;
  - (3) the American Society of Home Inspectors Alaska Chapter;
  - (4) a chapter of the International Code Council Alaska;
  - (5) the Alaska State Home Building Association; or
  - (6) a state agency that offers an activity that meets the requirements set by the department.
- (c) The department will approve a continuing competency activity that has not already been approved by one of the organizations in (b) of this section, if the activity's sponsor or the home inspector
  - (1) demonstrates to the department's satisfaction, in writing, that the activity meets the requirements of (a) of this section; and
  - (2) submits the following for approval on a form provided by the department:
    - (A) a description of the content of the activity;
    - (B) documentation of successful completion if the activity has already occurred;
    - (C) a copy of the certification that will be provided to successful participants if the activity has not yet occurred;
    - (D) each known date and location of the activity;
    - (E) the number of contact hours requested to be awarded for successful completion of the activity;
    - (F) the name, address, and telephone number of the sponsor.
- (d) An approval under (c) of this section expires two years after the date of department approval or on the date that the department determines that the continuing competency activity no longer meets the requirements of this section, whichever is sooner.
- (e) Any proposed modification to the content of a continuing competency activity must be submitted in writing to the department for approval before the modification is implemented.

#### **12 AAC 22.320** - Contact hours

- (a) For successful completion of an approved continuing competency activity, the department will award the following contact hours:
  - (1) one contact hour for each consecutive 50-minute block of classroom instruction;
  - (2) 15 contact hours for one academic semester credit;
  - (3) ten contact hours for one academic quarter credit;
  - (4) for a correspondence course, the number of contact hours
    - (A) recommended by the organization submitting the information required by 12 AAC 22.310(c)(2) if the course is approved under 12
    - (B) AAC 22.310(b); or
    - (C) approved by the department if the course is approved under 12 AAC 22.310(c).

- (b) The department will not award contact hours to an applicant for the same activity more than once during a licensing period.
- (c) Contact hours used to satisfy the reinstatement requirements of 12 AAC 22.200 when a home inspector registration has lapsed may not be submitted again to satisfy the requirements for a future renewal.

**12 AAC 22.330 - Audit of continuing competency requirements.**

- (a) After each licensing period the department may audit renewal applications to monitor compliance with the continuing competency requirements of 12 AAC 22.300 - 12 AAC 22.320.
- (b) A home inspector selected for audit shall, within 30 days after the date of notification, submit documentation to the department to verify completion of the contact hours required in 12 AAC 22.300. The documentation must include a certificate or similar verification of satisfactory completion of the continuing competency activity that includes
  - (1) the name of the participant;
  - (2) the number of contact hours awarded;
  - (3) a description of the continuing competency activity;
  - (4) the dates of participation; and
  - (5) the name and signature of the instructor, sponsor, or other verifier.
- (c) An applicant for renewal of a home inspector registration must maintain adequate and detailed records of all contact hours of acceptable continuing competency activities claimed and must make the records available to the department upon request under (b) of this section. Records must be retained for four years after the date the contact hours were earned.



THE STATE  
of

ALASKA

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

**Professional Licensing**

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

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

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

## Letter of Explanation for a Professional Fitness “Yes” Answer

Use this form only to explain and document any professional fitness “yes” answers. A “yes” answer is not necessarily disqualifying but concealing one may be.

Each “yes” answer requires a separate explanation and associated documentation. Submit all relevant documentation with this form, even if you have previously provided it.

- **Explanations** include full details, dates, locations, type of action, organizations or parties involved, and specific circumstances. If the space provided is insufficient, make additional copies as needed.
- **Documentation** includes copies of court orders, charging documents, board or license actions, decisions against your professional certification, satisfaction of consent agreements (fines paid, community service completed, off probation, etc.), and fitness to practice letters (statement from your provider that you are safe to practice if you check “yes” to any of the questions regarding mental or physical health, or drug or alcohol abuse or addiction).
- **Disciplinary actions** may include, but not be limited to, suspension, surrender, revocation, probation, academic probation, reprimand, censure, restricted license, limited license, conditioned license, or letters of counseling, concern, advice, warning, caution, admonishment, or reprimand.

If you have multiple “yes” answers or multiple incidents for any professional fitness question, you must use a separate copy of this form and provide a full explanation and documentation for each incident.

The contents of licensing files are public records. If you believe that the additional information you are attaching to explain a “yes” answer should be considered confidential, state that in the attachment. A request for confidentiality may or may not be granted according to state law.



Write the professional fitness question number you are answering “yes” to in the box.

<b>Location of Incident:</b>		<b>Date of Incident:</b>	
<b>Explanation of Incident:</b> When in doubt, disclose and explain. <i>Make copies as necessary.</i>			

**Did you attach all applicable documents associated with this incident?**

- ☐ Court Orders      ☐ Consent Agreements      ☐ Disciplinary Actions      ☐ Charging Documents
- ☐ Court Records      ☐ Fitness to Practice      ☐ All Other Documentation Related to This Incident
- ☐ I have additional incidents for this “yes” answer, or “yes” answers to other Professional Fitness questions and have attached a separate copy of this form for each incident.

<b>Full Name:</b>		<b>Program:</b>	
<b>Signature:</b>		<b>Date Signed:</b>	





THE STATE  
of **ALASKA**

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

FOR DIVISION USE ONLY

State of Alaska  
Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional Licensing  
PO Box 110806, Juneau, AK 99811  
Phone: (907) 465-2550

## Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: \_\_\_\_\_

Profession Type (e.g., Acupuncture): \_\_\_\_\_

License Number (if applicable): \_\_\_\_\_

I wish to make payment by credit card for the following (check all that apply):

**AMOUNT**

☐ Application Fee: \_\_\_\_\_

☐ License or Renewal Fee: \_\_\_\_\_

☐ Other (fine, exam, etc.): \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Signature of Credit Card Holder: \_\_\_\_\_

08-4438

Rev 12/06/2022

Credit Card Payment Form (all major cards accepted)

### CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: \_\_\_\_\_

2. Expiration Date: \_\_\_\_\_

3. Security Code: \_\_\_\_\_

All 3 fields **MUST** be completed!

This section will be destroyed after the payment is processed.