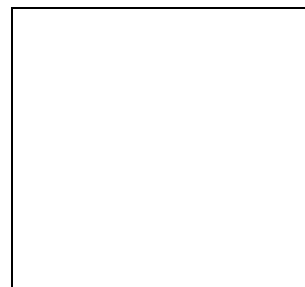




Alaska Department of Commerce, Community and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 P.O. Box 110806, Juneau, Alaska 99811-0806  
 Telephone: (907) 465-5470 ★ E-mail: license@alaska.gov



**BIENNIAL HOME INSPECTOR RENEWAL**

**July 1, 2008 – June 30, 2010**



**IT IS TIME TO RENEW YOUR HOME INSPECTOR REGISTRATION**

Your registration as a Home Inspector in the State of Alaska expires on **June 30, 2008**. It is illegal for you to inspect homes if your registration has expired. To renew your registration for the period from July 1, 2008 through June 30, 2010, return this **signed** application to the above address with a check or money order made payable to the State of Alaska. **This is the only renewal notice you will receive.** Incomplete applications or insufficient fees will result in your renewal being delayed.

**RENEWAL DUE DATE** If you have met the continue competency requirements (see reverse), complete this form and return with the appropriate fee for processing. The processing time for correctly complete renewal application is three to four weeks after receipt. Plan accordingly and submit your form by June 30, 2008.

**LIABILITY INSURANCE** A current copy of certificate of insurance for public liability and property damage insurance in an amount not less than \$20,000 property damage, \$50,000 injury or death to one person, \$1000,000 injury or death to more than one person. Submit a Certificate of Insurance issued by an insurance agency or page 3 of this renewal.

**EXPIRED REGISTRATION** In accordance with 12 AAC 22.200(b), a home inspector registration that has been lapsed for five years or more may not be reinstated. A home inspector whose registration has been lapsed for five years or more may submit a new application for registration under 12 AAC 22.010.

**SOCIAL SECURITY NUMBER** In accordance with AS 08.01.100, the department is not authorized to renew a license, unless the applicant's social security number has been provided to the department. If you do not have a social security number, contact the board office for a waiver application. If you previously qualified for a waiver to this requirement, you must still requalify to renew.

**PAYMENT OF CHILD SUPPORT AND STUDENT LOANS** If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Post-Secondary Education has determined you are in loan default, you will be issued a nonrenewable temporary license valid for 150 days, Contact Child Support Enforcement at (907) 269-6657 if your last name begins with A through M; contact (907) 269-6845 if your last name begins with N through Z, or 1-800-478-3300. Contact the Post-Secondary Education office at 1-888-441-2961 to resolve payment issues.

**PUBLIC INFORMATION** Please be aware that all information on this renewal 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 [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "Professional License Search."**

**BUSINESS LICENSES** Renewal applications for business licenses will be mailed separately. For more information about business licenses, call (907) 465-2550 or use Internet address: [www.commerce.state.ak.us/occ/buslic.htm](http://www.commerce.state.ak.us/occ/buslic.htm) (click on business licenses.)

CHECK APPROPRIATE LICENSE STATUS BOX  **Active License: \$200.00** License Numbers 1 though 133  
 **Prorated Active License: \$100.00** License Numbers 134 and above

**PLEASE FILL OUT THIS SECTION:**

Social Security No.: \_\_\_\_\_ (Mandatory on every renewal) License Number: \_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Name Change:** If you have had a legal name change, please enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.) for proof of your name change.

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

**Correct Mailing Address (complete only if your address is different than the address label shown above):**

\_\_\_\_\_  
P.O. Box or Street City State ZIP Code

**THE FOLLOWING QUESTION MUST BE ANSWERED. A "YES" ANSWER MAY NOT AUTOMATICALLY RESULT IN LICENSE DENIAL.**

**Since the date of your last application for Home Inspector:**

Have you had your registration denied, revoked, suspended, surrendered, placed on probation, or been the subject of any restriction, censure, reprimand, or other disciplinary action in any jurisdiction?  YES  NO

**If you answered "Yes" to the above question, please explain dates and circumstances on a separate piece of paper, and send any supporting documents that are applicable (court records, etc.).**

**CONTINUING EDUCATION:** Your license cannot be renewed unless you have met the continuing education requirements in 12 AAC 22 (see attached regulations).

Home inspectors number 1 through 123 = 8 contact hours.

Home inspectors number 124 – 133 = 4 contact hours.

Home inspectors number 134 and above = 0 contact hours required.

**RANDOM AUDIT:** In accordance with 12 AAC 22.330 and 12 AAC 02.960, the Department may audit renewal applications to monitor compliance with the continuing competency requirements. If your renewal is selected for audit, you will be notified and required to submit documentation to verify completion of the continuing education requirements as stated on this renewal form. You must save your documents for at least four years, so that you can respond to audits.

**WARNING:** The Department may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification. (AS 11.56.210)

**AFFIDAVIT OF COMPLIANCE WITH CONTINUING EDUCATION REQUIREMENTS**

**Do you certify that you have complied with the continuing education requirements in 12 AAC 22.300 - .320 from the date your license was issued through June 30, 2008?**

YES

NO

**I certify under penalty of unsworn falsification that the information furnished in this application is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTIFICATION OF PROPOSED REGULATION CHANGES**

If you would like to receive notification of all proposed Home Inspector regulation changes, please send a written request adding your name to the Home Inspector Interested Parties List to:

**REGULATIONS SPECIALIST**

Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806

Juneau, AK 99811-0806

**IMPORTANT BOND/INSURANCE INFORMATION**

Please note: **All areas must be completed.** You may choose to complete the sections below or attach a current certificate of insurance. Do **not** have your insurance agent fax or mail certificates.

**A. BOND**

If the surety bond on file with the State is still current, please complete this section **or** attach a current renewal notice. If a new surety bond has been issued, the original, signed bond including the Power of Attorney must be submitted.

Bond # \_\_\_\_\_ Amount of Bond \$ \_\_\_\_\_

Surety Company Name \_\_\_\_\_  
(not agent name)

**B. CERTIFICATE OF DEPOSIT**

CD # \_\_\_\_\_ Bank \_\_\_\_\_ Amount \$ \_\_\_\_\_

CD # \_\_\_\_\_ Bank \_\_\_\_\_ Amount \$ \_\_\_\_\_

**C. GENERAL LIABILITY INSURANCE**

Complete the section below, **or** attach a current certificate of insurance.

\_\_\_\_\_  
Name of Liability Insurance Company (not agent name)

\_\_\_\_\_  
Policy Number Issue Date Expiration Date

**ARTICLE 3.**  
**CONTINUING COMPETENCY REQUIREMENTS.**

**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 AAC 22.310(b); or

(B) 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.



State of Alaska  
 Department of Commerce, Community, and Economic Development  
 Division of Corporations, Business and Professional Licensing  
 PO Box 110806, Juneau, Alaska 99811-0806  
 Phone: (907) 465-2550  
 Fax: (907) 465-2974

OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

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

Type of License: \_\_\_\_\_

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

- |   | Amount |
|---|--------|
| <input type="checkbox"/> Application fee          | _____  |
| <input type="checkbox"/> License (or renewal) fee | _____  |
| <input type="checkbox"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |

**Total:** \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Credit Card Type (check one):       VISA                       MASTERCARD

Card Number: \_\_\_\_\_

Please provide the 3-digit security code number from the back of the card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_