



# Mississippi Real Estate Commission Home Inspector Division

LeFleur's Bluff Tower, Suite 300  
4780 I-55 North, Jackson, MS 39211

OR

P. O. Box 12685

Jackson, MS 39236-2685

(601) 321-6970 – Phone ◆ (601) 321-6955 – Fax

Application Fee: \$175  
License Fee: \$325

## APPLICATION FOR HOME INSPECTOR LICENSE (TYPE OR PRINT IN INK)

APPLICANTS SHOULD READ THE BOOKLET AND THE INSTRUCTIONS  
WITH THIS FORM BEFORE COMPLETING AND FILING THEIR APPLICATION

1. LICENSE APPLICATION FOR MISSISSIPPI [ ] RESIDENT [ ] NON RESIDENT [ ] RECIPROCAL

2. NAME OF APPLICANT Mr. [ ] Mrs. [ ] Miss [ ] \_\_\_\_\_

3. RESIDENCE ADDRESS \_\_\_\_\_  
(Street) (City, State) (Zip)

4. BUSINESS ADDRESS \_\_\_\_\_  
(Street) (City, State) (Zip)

5. DRIVER'S LICENSE # \_\_\_\_\_ SS# \_\_\_\_\_

BUSINESS TEL. # \_\_\_\_\_ HOME TEL. # \_\_\_\_\_ EMAIL \_\_\_\_\_

6. INDICATE BELOW IF YOU HAVE BEEN LICENSED OR CERTIFIED AS A REAL ESTATE APPRAISER OR REAL ESTATE BROKER OR SALESPERSON IN MISSISSIPPI OR ANY OTHER STATE:

- [ ] Have not been licensed  
[ ] Have been licensed

Type of license:

State where obtained:

Valid dates of license:

_____	_____	_____
_____	_____	_____
_____	_____	_____

7. HAVE YOU BEEN DENIED A PROFESSIONAL LICENSE IN MISSISSIPPI OR ANY OTHER STATE? [ ] YES [ ] NO  
IF YES, FURNISH DATE, STATE AND TYPE OF LICENSE DENIED.

\_\_\_\_\_  
\_\_\_\_\_

8. HAS ANY LICENSE HELD BY YOU BEEN REVOKED OR SUSPENDED IN THIS OR ANY OTHER STATE?  
[ ] YES [ ] NO (If answer is "YES", furnish statement of details)

9. WHAT HAS BEEN YOUR BUSINESS OR OCCUPATION FOR PAST 5 YEARS? GIVE PLACE WHERE EMPLOYED FOR 60 DAYS OR MORE AND ACCOUNT FOR ENTIRE TIME. IF SELF-EMPLOYED, LIST NATURE OF BUSINESS AND ADDRESS.

\_\_\_\_\_  
(Employer) (Street & Number) (City & State) (From) (Until)

\_\_\_\_\_  
(Employer) (State & Number) (City & State) (From) (Until)

\_\_\_\_\_  
(Employer) (State & Number) (City & State) (From) (Until)

\_\_\_\_\_  
(Employer) (State & Number) (City & State) (From) (Until)

10. HAVE YOU EVER BEEN CONVICTED, PLED GUILTY OR NO CONTEST TO ANY CRIMINAL OFFENSE?  
[ ] YES [ ] NO Misdemeanor ( ) Felony ( ) (If answer is "YES", furnish statement of details)

11. HAS ANYONE OBTAINED A JUDGMENT AGAINST YOU IN ANY COURT?  
[ ] YES [ ] NO (If answer is "YES", furnish dates, disposition or, if appropriate, Petition for Voluntary Bankruptcy Schedule and Discharge)

12. ARE YOU AN AMERICAN CITIZEN? \_\_\_\_\_ YES \_\_\_\_\_ NO If not, how long in the U.S.? \_\_\_\_\_

13. DATE OF BIRTH \_\_\_\_\_ PLACE \_\_\_\_\_  
(Mo. Day Yr.) (City) (County) (State)

14. HOW LONG HAVE YOU BEEN A RESIDENT OF PRESENT STATE? \_\_\_\_\_

15. GIVE THE NAME OF THE CITY, COUNTY AND STATE WHERE YOU ARE REGISTERED TO VOTE  
\_\_\_\_\_  
(City) (County) (State)

16. LAST YEAR, DID YOU FILE INCOME TAX IN THE STATE OF MISSISSIPPI? [ ] YES [ ] NO (If "NO", please explain)

17. GIVE THE NAME AND ADDRESS OF THE BANKS WHERE YOU HAVE ACCOUNTS.  
\_\_\_\_\_  
(Bank) (Street & Number) (City) (Zip Code)

\_\_\_\_\_  
(Bank) (Street & Number) (City) (Zip Code)

**18. HOME INSPECTOR EDUCATION (All Applicants)**

Listed below the Home Inspection courses you have completed which satisfy the requirements for licensure. The original certificate or certified copy thereof, must be attached.

COURSE TITLE	PROVIDER	NO. OF HOURS	MO/YR COMPLETED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**19. A F F I D A V I T**  
(Read Carefully)

The undersigned, in making this application to the Mississippi Home Inspector Board for a license to carry on the business of home inspecting under the provisions of the Home Inspector Regulatory Act swears that he or she has read and is thoroughly familiar with the provisions of the Act, and Rules/Regulations issued by the Board, and agrees to comply fully with them. The undersigned further swears that all of the information given in this application is true and correct to the best of his or her knowledge and belief. It is understood that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to deny permit or permission to take an examination or to deny licensure or certification after examination or to withhold renewal of or suspend or revoke a permit/license or certificate issued by the Board. All applications maintained in the office of the Board are a matter of public record. Therefore, this application and other information submitted with the application may be reviewed by members of the general public under reasonable rules and regulations established by the Board. I hereby authorize any financial institutions, education institutions, or any other agencies, public or private, federal or state, to release any information contained in their files to the Mississippi Board and/or the Mississippi Real Estate Commission. I also agree to cooperate fully with any investigation involving possible violations of the Act and Rules/Regulations established by the Board.

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_  
Notary Public

(S E A L)

\_\_\_\_\_  
(County)

P H O T O G R A P H S  
(Attach photos below)

2 ½" x 3 ½"

FULL FACE

2 ½" x 3 ½"

PROFILE VIEW

**PLEDGE/CERTIFICATION**

I \_\_\_\_\_, pursuant to the guidelines established  
(please print)  
by the Mississippi Home Inspector Regulatory Act of 2001 (Act), pledge to comply with the standards of professional practice and generally  
accepted ethical rules to be observed by a licensed Home Inspector as directed by the Mississippi Home Inspector Regulatory Board (Board). I  
understand that after a public hearing, the Board may make such modification in excess of those standards and ethical rules as the Board deems  
appropriate for Mississippi.

I also certify that I have read the Act and Rules/Regulations established by the Board and understand the types of misconduct, as set forth in the  
Act and Rules/Regulations, for which disciplinary proceedings may be initiated against me as a licensed/certified home inspector.

\_\_\_\_\_  
(signature)

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(S E A L) \_\_\_\_\_  
(NOTARY PUBLIC) (COUNTY) (STATE)

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