Department of Commerce
Division of Real Estate & Professional Licensing

Home Inspector License Renewal Application

Renewal Fee:
If submitting **on or before** your license expiration date:
$250 renewal fee

If submitting **after and within 3 months** of your license expiration date:
$375 renewal fee
Payment of the renewal fee may be in the form of a check or money order made payable to the **Ohio Division of Real Estate.**

A completed renewal application may be submitted to the Division for processing no sooner than 90 days prior to the license expiration date. Mail the completed application and renewal fee to the following address:

6606 Tussing Road
PO Box 4008
Reynoldsburg, Ohio 43068

Section 1: Applicant Information

License Number	First Name	Middle Initial	Last Name

Mailing Address

City	State	Zip Code

Date Of Birth	Phone Number	Email Address

Section 2: Company Information

Company Name	Doing Business As Name

Mailing Address

City	State	Zip Code

Ohio Secretary Of State Entity#	Tax Id#

Are You The Owner/Operator Of The Company? ☐ YES ☐ NO If yes, date company opened? _____

Are You An Employee Of The Company? ☐ YES ☐ NO

Section 3: Comprehensive/Commercial Insurance

- **Provide copy of insurance (ORC 4764.11)**
- **Must not be less than $100,000 per occurrence & not less than $300,000 aggregate limit.**

Insurance Provider	Policy Number

Mailing Address	Phone Number

City	State	Zip Code

Section 4: Ethical Conduct & Legal History

Please attach to this application any materials or explanations for any questions answered yes. Since the filing of your original application for licensure in Ohio, have you:

☐	**YES**	☐	**NO**	Have you had a credential to act as a home inspector refused, denied, canceled, surrendered or revoked for any reason in any jurisdiction?
☐	**YES**	☐	**NO**	Have you had any professional or occupational credential disciplined in any way in any jurisdiction?
☐	**YES**	☐	**NO**	Have you been notified that you are under investigation in any jurisdiction?
☐	**YES**	☐	**NO**	Have you ever been refused or denied any professional or occupational credential in any jurisdiction?
☐	**YES**	☐	**NO**	Are you currently the subject of any unsatisfied judgments?
☐	**YES**	☐	**NO**	Excluding minor traffic violations (e.g., speeding tickets), have you ever been convicted of pled guilty to, or been granted intervention in lieu of, a conviction in any jurisdiction?

Continuing Education

Each licensee shall submit proof to the Superintendent that the licensee has successfully completed 42 hours of home inspector continuing education (14 hours each year) approved by the Superintendent. Licensees shall list below the continuing education completed during the licensee's current reporting period. Any additional hours beyond the 42 hours required for this reporting period will not be applied to future reporting periods. Attach copies of the continuing education certificates for the courses listed below.

Licensee Name	License Number

Course Information

Course Provider	Ohio Certification #	
Course Title	Date of Attendance	Hours Completed
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Course Provider	Ohio Certification #	
Course Title	Date of Attendance	Hours Completed
Course Provider	Ohio Certification #	
Course Title	Date of Attendance	Hours Completed

Certification

I certify that all information or statements provided in this application and in any attached materials is complete and accurate and understand this application and the information contained therein is public record pursuant to Ohio Revised Code Section 149.43.

I understand any false information or statements in this application and attached materials may subject me to criminal prosecution and loss of the Ohio home inspector license.

I agree to comply with all requirements found in Ohio Revised Code (ORC) chapter 4764 and its corresponding rules and policies. I understand the grounds for any disciplinary action that may be initiated under ORC chapter 4764.

I certify I am at least 18 years of age and have graduated high school or received a high school equivalences (GED) as defined in section 4109.06 of the Revised Code.

I am executing this certification voluntarily, knowingly and intelligently and with full knowledge of its significance.

I agree to maintain comprehensive/commercial insurance coverage as required by ORC section 4764.11 throughout my reporting period while the license is active.

Print Name	Signature	Date