



APPLICATION for Home Inspector Registration

VALID FOR TWO (2) YEARS | \$80 FEE (NON-REFUNDABLE)

<p>INSTRUCTIONS:</p> <ul style="list-style-type: none"> Complete this registration if you are a Home Inspector working in Montana. Provide supporting documents as required. Enclose a check or money order payable to the Montana Department of Labor & Industry in the amount of \$80 (non-refundable) or pay online. Send this completed application to: Registration Section • PO Box 8011 • Helena, MT 59604-8011 <p style="text-align: center;">Visit our website: mtcontractor.mt.gov or call (406) 444-7734 for assistance **Incomplete and/or inaccurate applications may be denied**</p>	<p style="text-align: center; font-size: small;">THIS BLOCK FOR OFFICE USE</p>
--	--

APPLICANT INFORMATION

Business Name: (If not using a business name, write your personal name)		Is this your first time applying? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:	City:	State:	Zip:
Federal Employer Identification Number (FEIN)/SSN:		Home Inspector Registration Number (if known):	
Phone:		Email:	
Business Structure: (Selection must match your business name registration with Montana Secretary of State; contact their office at (406) 444-3665 or visit sosmt.gov for verification)			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership or LLP <input type="checkbox"/> Member-Managed LLC <input type="checkbox"/> Manager-Managed LLC <input type="checkbox"/> Corporation			

Does your business have Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of workers' compensation insurance company:
	Policy #:
Does your business use Leased Employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Professional Employer Organization (PEO):
	Policy #:

General Liability and Error and Omissions Policy Requirements

Home Inspectors are required to be covered by a minimum of \$100,000 general commercial liability insurance and a minimum of \$100,000 errors and omissions (E&O) insurance. Please provide evidence of both. **Failure to keep insurance active at all times may result in suspension of your Registration.**

This business is covered by an active policy that meets the above requirements and provides coverage for the business's home inspection workers. A certificate of insurance is enclosed as proof.

▪ Home Inspector Registration does not supersede requirements of other government agencies or entities ▪

**EACH INDIVIDUAL PERFORMING HOME INSPECTIONS
UNDER THIS BUSINESS NAME
MUST COMPLETE AND SUBMIT PAGE 2**



Each individual performing home inspections under the business name must complete this form in its entirety

1. INSPECTOR INFORMATION				
First Name:	MI:	Last Name:	SSN:	
Mailing Address:		City:	State:	Zip:
Phone:		Email:		
Select the most appropriate answer: <input type="checkbox"/> I am an owner/partner/member Percent Owned: _____% (skip ahead to section 2)				
<input type="checkbox"/> I am a corporate officer/manager Percent Owned: _____%				
<input type="checkbox"/> I am an employee (skip ahead to section 3)				
CORPORATION and MANAGER-MANAGED LLC businesses, select the most appropriate answer: Corporate officers working in Montana are considered employees and must be covered under a Montana workers' compensation insurance policy, unless the officer owns 10% or more of the shares of the corporation, or is related to another officer of the corporation and the aggregated shares equal 10% or more.				
<input type="checkbox"/> I own 10% or more of the number of shares of stock in the corporation or own 10% or more of the LLC; or				
<input type="checkbox"/> I own less than 10% of the number of shares of stock in the corporation or LLC, but when my ownership is aggregated with the shares owned by a person or persons listed in the third category, the total is 10% or more of the number of shares in the corporation or LLC; or				
<input type="checkbox"/> I am the spouse, child, adopted child, stepchild, mother, father, son-in-law, daughter-in-law, nephew, niece, brother, or sister of a corporate officer who meets one of the requirements above.				

2. WORKERS' COMPENSATION REQUIREMENTS	
Persons actively working in Montana as a Sole Proprietor, or members of a Partnership or LLP, OR Member-Managed LLC who are NOT personally covered under a Montana workers' compensation insurance policy must apply for an independent contractor exemption certificate (ICEC).	
Do you have an active independent contractor exemption certificate (ICEC) for the occupation of Home Inspector or Home Inspection?	<input type="checkbox"/> Yes IC# _____ <input type="checkbox"/> No
Are you covered under MT workers' compensation?	
<input type="checkbox"/> Yes Name of workers' compensation insurance company: _____ Policy #: _____	
<input type="checkbox"/> No If no, you may be required to have an ICEC	

3. PROFESSIONAL MEMBERSHIP REQUIREMENTS		
Home Inspectors are required to be a member of a national home inspection association. Please provide evidence of membership. **Failure to keep membership active at all times may result in suspension of your Registration.**		
<input type="checkbox"/> I am currently a member of a national home inspector association		
Provide Name of Association:	Membership #	Expiration:
_____	_____	_____

4. EDUCATION REQUIREMENTS	
For a first time registration, Home Inspectors are required to provide documentation that they have successfully completed a minimum of 40 hours of comprehensive home inspector instruction approved by the department or obtained a passing grade on the National Home Inspector Examination offered by the Examination Board of Professional Home Inspectors® or another Department approved national exam.	
For a registration renewal, Home Inspectors are required to provide documentation that they have completed 40 hours of continuing education credit over the prior 2 years.	
<input type="checkbox"/> I am enclosing proof that I have completed an approved 40+ hour comprehensive home inspection instruction course	
<input type="checkbox"/> I have achieved a passing grade on the National Home Inspector Examination	
<input type="checkbox"/> I am enclosing proof that I have achieved a passing grade on another national examination	
<input type="checkbox"/> Renewing: I am enclosing proof that I have completed 40 hours of approved continuing education credit over the prior 2 years	

Applicant Signature: _____
Applicant Printed Name: _____