

# You may now pay this fee Online!



Beginning June 5, 2024, this new payment option will be available for Division of Real Estate licensure related fees.

Applicants and licensees may submit one-time payments online in place of sending a check or money order.

To pay online, please visit <https://idfpr.illinois.gov/epay.html>.

Once paid, complete the Payment Method section below and email your application, supporting documents, and this page to [fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov).

Access the  
ePay site via  
QR Code here



**Important:** Please complete the "Payment Method" section below for each application to ensure proper handling:

## Payment Method

\_\_\_ Online – Paid Online at: <https://idfpr.illinois.gov/epay.html> in the amount of \_\_\_\_\_. Approved# \_\_\_\_\_

\_\_\_ Check/Money Order. Check# \_\_\_\_\_

Licensure Method: "License by Exam"



# HOME INSPECTOR APPLICATION FOR LICENSURE BY EXAMINATION

## ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

[fpr.realestate@illinois.gov](mailto:fpr.realestate@illinois.gov)

### APPLICATION INSTRUCTIONS

1. Type or Print legibly - all questions and requirements must be completed.
2. Attach your PSI Exam Score Report as proof of passing the Illinois Home Inspector Licensing exam.
3. Attach a copy of the Home Inspector 60-Hour Pre-license Course Transcript issued by your education provider.
4. Attach a copy of the Home Inspector Pre-license Field Course Transcript issued by your education provider.
5. Submit an application fee of \$250 (see ePay information on cover sheet) OR include a check or money order, made payable to IDFPR.

**Important Notice:** Completion of this form is necessary to fulfill the requirements outlined in the Illinois Home Inspector License Act 225 ILCS 441. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. The application fee must accompany this application and is **NOT REFUNDABLE**.

NAME (First, Middle Initial, Last):		DATE OF BIRTH (MM/DD/YYYY):	
ADDRESS (Street, City, State, Zip Code):		SOCIAL SECURITY NUMBER (or ITIN):	
PHONE #:		EMAIL ADDRESS (used for official Department notifications):	

### PERSONAL HISTORY QUESTIONS (This part must be completed by all Applicants)

YES NO

1. Have you graduated high school, received your GED, or other high school equivalency?
2. Have you ever been convicted or pled guilty to a misdemeanor or felony, or received an administrative sanction for an offense in any state or jurisdiction? Do not include minor traffic violations.  
If yes, submit documentation for each conviction, plea, or sanction that includes an official copy of the court or agency document that shows the offense, the final disposition, if probation was served, and whether all conditions of the sentence or sanction have been met. Submit a brief statement indicating what you have been doing since your conviction, release, or offense. **Please do not include records, such as juvenile records, arrests without a conviction, or convictions that have been overturned or sealed.**
3. Have you ever been denied a professional license, permit, certification or had a professional license, permit, or certification disciplined in any way by any licensing authority? If yes, submit a copy of the denial letter and/or statement of discipline.
4. Are you delinquent in State taxes or child support payments? If yes, submit a statement concerning any payment agreement and an official document from the Illinois Department of Revenue or the Illinois Department of Healthcare and Family Services relating to your agreement.
5. Are you a business owner or an employer and delinquent in workers' compensation obligations as determined by the Illinois Workers' Compensation Commission or the Department of Insurance? If yes, submit a statement concerning any agreement reached and an official document from the Illinois Workers Compensation Commission or the Illinois Department of Insurance relating to your agreement.

### ATTESTATION AND SIGNATURE

I have read this application in its entirety and, to the best of my knowledge, all statements are true, correct, and accurate. I maintain general liability insurance in the amount of at least \$100,000 to cover any losses or claims against me and/or my home inspector entity pursuant to 68 IAC 1410.235. I understand that providing false or fraudulent information may subject me to disciplinary action.

Printed Name

Signature

Date