



LICENSE APPLICATION

HOME INSPECTOR

Follow instructions listed on Instruction Sheet
For further information call (215) 686-8686

YOU CAN APPLY FOR THIS LICENSE ONLINE USING
ECLIPSE OR VISIT IN PERSON AT:

DEPARTMENT OF LICENSES AND INSPECTIONS
CUSTOMER CARE UNIT, PUBLIC SERVICE CONCOURSE
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102-1687

USE A SINGLE CHECK FOR ALL FEES, PAYABLE TO
"CITY OF PHILADELPHIA"

1. NAME OF APPLICANT		2. TELEPHONE NUMBER (INCLUDE AREA CODE)	
3. APPLICANT'S ADDRESS	CITY	STATE	ZIP CODE
4. BILLING ADDRESS (IF DIFFERENT FROM APPLICANT'S ADDRESS)	CITY	STATE	ZIP CODE
5. NAME OF EMPLOYER		6. TELEPHONE NUMBER (INCLUDE AREA CODE)	
7. EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE
8. EMPLOYER'S PHILADELPHIA BUSINESS INCOME AND RECEIPTS TAX NUMBER	9. EMPLOYER'S COMMERCIAL ACTIVITY LICENSE NUMBER		

10.

A. An application shall be accompanied by the following:

1) Proof of insurance in the following areas in the amount specified:

a) Worker's Compensation and Employer's Liability

\$ 100,000 each accident
\$ 100,000 each employee
\$ 500,00 policy limit

b) Commercial General Liability (The City of Philadelphia must be listed as a certificate holder and additional insured.)

\$ 100,000 minimum limit (deductible of no more than \$ 2,500)

2) Proof of certification with a home inspection association recognized by the Department of Licenses and Inspections.

3) Payment of non-refundable application fee of \$ 300.00

B. The licensee shall notify the Department within ten (10) days of any change in the required information.

11. LICENSE TYPE	FEE	REVENUE CODE	EXPIRATION DATE	LICENSE NUMBER
<input type="checkbox"/> HOME INSPECTOR	\$ 310.00	3704	OCTOBER 31	

12. APPLICANT CERTIFICATION

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses issued as a result of my false application, and such other penalties as may be prescribed by law.

Applicant Signature: _____ Date: _____

FOR OFFICE USE ONLY

PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING):

REMARKS:

APPROVED

REFUSED

REVIEWED BY		NUMBER
DATE	AUDIT	