# 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

<table>
<thead>
<tr>
<th>LICENSE TYPE</th>
<th>FEE</th>
<th>REVENUE CODE</th>
<th>EXPIRATION DATE</th>
<th>LICENSE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME INSPECTOR</td>
<td>$310.00</td>
<td>3704</td>
<td>OCTOBER 31</td>
<td></td>
</tr>
</tbody>
</table>

### 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: ________________________________

---

81-971(1) (Rev. 8/20)
FOR OFFICE USE ONLY

PREREQUISITES (LIST THOSE CHECKED DURING PROCESSING):

REMARKS:

☐ APPROVED

☐ REFUSED

REVIEWED BY

NUMBER

DATE

AUDIT

81-971(Reverse of 1) (Rev. 8/20)