

HOME INSPECTOR PRE-LICENSE FIELD COURSE LICENSE APPLICATION



ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

453

Division of Real Estate

PO Box 7570

Springfield, Illinois 62791

fpr.realestateeducation@illinois.gov

Important Notice: Completion of this form is necessary to accomplish 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. This form has been approved by the Agency Forms Coordinator. For more Information please view <http://www.ilga.gov/commission/jcar/admincode/068/06801410sections.html> Administrative Rules.

Education Provider Name:	Education Provider License #: 452.
Education Provider Address:	Phone:
	Email:
Administrator Name:	Website Address:
Course Instructor Name(s):	Instructor's Home Inspector License Number(s) (if applicable):

Total hours of field course (minimum of 15 hours including field exam):

What type of final exam will this course include?

Paper/Written

Digital/Internet

All course applications must include the following:

- SUBMITTED IN A LETTER SIZE (8½ X 11) FILE FOLDER LABELED WITH COURSE NAME, EDUCATION PROVIDER NAME AND LICENSE NUMBER TYPED ON THE FOLDER.
- SUBMIT A **NON-REFUNDABLE** APPLICATION FEE OF \$150.00.
- INCLUDE THE MATERIALS LISTED BELOW:
 - COMPREHENSIVE TIMED OUTLINE (MUST CONTAIN TIME SPENT ON EACH FIELD INSPECTION AND TOTAL COURSE TIME, EXCLUDING TIME SPENT ON EXAM)
 - COURSE & EXAM POLICIES (INCLUDING EXAM ADMINISTRATION & PROCTOR POLICIES, EXAM SCORING AND APPEAL PROCESS)
 - COURSE FINAL EXAM (SAMPLE MOCK INSPECTION REPORT)
 - SAMPLE COMPLETED MOCK INSPECTION REPORT
 - ANY MATERIALS PROVIDED TO THE STUDENTS INCLUDING, TEXTBOOKS, INSTRUCTOR NOTES, PRESENTATIONS, ETC. MUST BE SENT VIA USB DRIVE OR HARD COPY. **EMAILED DOCUMENTS WILL NOT BE ACCEPTED**
 - BIO/RESUME AND ILLINOIS LICENSE # OF THE SUPERVISING HOME INSPECTOR(S)

MAIL ALL MATERIALS TO:

**IDFPR - DIVISION OF REAL ESTATE
REAL ESTATE EDUCATION
PO BOX 7570
SPRINGFIELD, IL 62791**

As an authorized representative of the licensed Education Provider, I understand that if I provide false or fraudulent information the Education Provider could be disciplined and/or fined. I attest that the residential properties covered in this course are in an inhabitable condition and meet the guidelines established in the field course curriculum. I have read this application in its entirety and, to the best of my knowledge, all statements are true, correct, and accurate.

Authorized Representative Signature

Authorized Representative Printed Name

Date