

# 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 Report as proof of passing the Illinois Home Inspector Licensing exam.
3. Attach a copy of the Home Inspector Pre-license Course Transcript issued by your education provider. The transcript must include documentation from the required five (5) field inspections conducted under the supervision of an Illinois licensed home inspector with a minimum of five (5) years of licensed experience.
4. Submit an application fee of \$250 and make check or money order payable to IDFP.

**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 equivalent?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been convicted or pled guilty to a misdemeanor or felony, or received an administrative sanction for an offense as described in 225 ILCS 441/5-10(c)? Do not include minor traffic violations. If yes, submit documentation for each conviction, plea, or sanction that includes an official copy of the court docket or agency document that shows the offense, the final disposition inclusive of the sentence, a statement from the probation/parole officer 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. See 225 ILCS 441/5-10(b). | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been discharged other than honorably from the armed forces of the United States, or from a city, county, state, or federal position? If yes, submit a DD-214 form if discharged other than honorably from the armed forces of the United States or any city, county, state, or federal position and submit all documentation regarding the discipline.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you delinquent on 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.   | <input type="checkbox"/> | <input type="checkbox"/> |

### 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