



Home Inspector License

License Issuance Unit
Public Service Concourse
1401 John F. Kennedy Boulevard
Philadelphia, PA 19102

Use a single check or money order for all fees payable to "City of Philadelphia".

1. Name of Applicant

2. Telephone Number (include area code)

3. Social Security Number

4. Applicant's Address

City

State

Zip Code

5. Billing Address (if different than Applicant's Address)

City

State

Zip Code

6. Name of Employer

7. Telephone Number (include area code)

8. Employer's Address

City

State

Zip Code

9. Employer's Philadelphia Tax ID Number

10. Employer's Business Privilege License Number

11. Employer's Federal Tax ID Number / Social Security Number

12.

A. 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

\$500,000 policy limit

b) **Commercial General Liability** (City of Philadelphia must be listed as a certificate holder.)

\$100,000 minimum limit (deductible of no more than \$2500)

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

3) Payment of non-refundable tri-annual license fee of \$300.

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

13. License Type

Fee

Revenue Code

Expiration Date

License Number

Home Ins tor

\$300.00

3704

10/31/

14. 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: _____