



## Department of Commerce

Division of Real Estate &  
Professional Licensing

### INSTRUCTIONS FOR CRIMINAL RECORDS CHECK

When an initial application for an Ohio home inspector license is filed with the Division, each applicant is required to complete a criminal records check of **both state and FBI records**.

- Electronic fingerprints must be taken by a Webcheck® user (a business, government agency or private entity that provides criminal record check services) approved by the Bureau of Criminal Identification and Investigation (BCI&I). Out of state applicants should consult the additional information link found below.
- Applicants must contact and arrange with a Webcheck® user to have electronic fingerprints taken and submitted to BCI&I using the Webcheck® system. Government issued photo identification should be taken to the Webcheck® location. Some Webcheck® users can only submit fingerprints for a state records check and *not* an FBI records check. Applicants should confirm the Webcheck® user can submit **both state and FBI fingerprints** to BCI&I.

A list of Webcheck® users may be found on the web at:

<https://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

- Ohio Attorney General's Office allows for limited exceptions to providing electronic fingerprints to a Webcheck® user. For those applicants who cannot comply with electronic fingerprints taken by a Webcheck® user, please contact BCI&I at 877-224-0043 to obtain a state fingerprint card and a FBI fingerprint card along with an exemption form. Please consult the exemption form carefully to see if an exception applies. **Please carefully review all BCI&I instructions to ensure proper processing of the applicant's fingerprints.**

Additional information may be found at:

<https://www.ohioattorneygeneral.gov/FAQ/Background-Check-FAQs.aspx> (frequently asked questions)  
or obtained from BCI&I at (877) 224-0043 or P.O. Box 365 London, Ohio 43140

- Fingerprints must be provided within ten (10) days after the date of filing of the application, and fingerprints should not be taken before the filing of the application with the Division of Real Estate. **Fingerprints must be sent to BCI&I at P.O. Box 365, London, Ohio 43140.** Any fingerprints sent directly to the Division of Real Estate will be destroyed, and applicants will be required to complete and submit a new set of fingerprints to BCI&I.
- Applicants must pay all fees associated with the criminal records check at the time the fingerprints are taken.
- **The BCI&I Reason Code is 4764.07 & the FBI Reason Code is 4764.07.**
- BCI&I must directly send the results (state and FBI criminal records check reports) to the Division at:

**Division of Real Estate and Professional Licensing  
6606 Tussing Road, PO Box 4008  
Reynoldsburg, Ohio 43068**

- **You must use the correct address for the Division to avoid your application being delayed.**
- BCI&I generally submits results to the Division within thirty (30) days of BCI&I's receipts of the fingerprints.
- Failure to timely comply with the criminal records check requirement may result in the denial of an application.

Home Inspector Program  
6606 Tussing Road  
PO Box 4008  
Reynoldsburg, OH 43068

Daphne Hawk, Superintendent  
An Equal Opportunity Employer and Service Provider

614-466-4100  
Fax 614-644-0584  
TTY/TDD 800-750-0750  
com.ohio.gov/real



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- **The Division is not permitted to send an applicant a copy of their background check. To obtain a copy of your FBI Identification Record, an applicant may send a request to:**

**FBI's CJIS Division  
Attn: Record Request  
1000 Custer Hollow Rd.  
Clarksburg, WV 26306**

### **You are required to provide the following:**

- Your written request.
- Payment for a processing fee, either by certified check or money order made payable to the Treasury of the United States, or a credit card. For payment information, refer to [www2.fbi.gov/hq/cjisd/fprequest.htm](http://www2.fbi.gov/hq/cjisd/fprequest.htm).
- A current, original ten print fingerprint submission (not previously processed) taken by a local law enforcement agency and bearing your **name, date of birth, and place of birth**.

**If, after reviewing your record, you believe it is inaccurate or incomplete, you may challenge the record by contacting the agency (or agencies) that originally submitted the information or by sending your challenge to:**

**FBI's CJIS Division  
Attn: Correspondence Group  
1000 Custer Hollow Rd  
Clarksburg, WV 26306**

**Individuals requesting a Challenge and Review of their Ohio criminal history record, should utilize the following procedure.**

- A written request for a challenge & review must be submitted to the Ohio Bureau of Criminal Identification & Investigation, Identification Division. This request must include a brief explanation for the reason the record is being challenged, the individuals name and complete mailing address.
- The individual must be fingerprinted by a law enforcement or criminal justice agency to provide positive identification. All data fields on the fingerprint card must be completely filled out. To ensure expeditious processing the reason fingerprinted data field should contain "Challenge & Review" (There is no fee charge for this service).
- The required items listed above should be mailed together to:

**Ohio Bureau of Criminal Identification & Investigation  
Attn: Challenge & Review  
PO Box 365  
London, Ohio 43140**



# Department of Commerce

Division of Real Estate & Professional Licensing

## Home Inspector License

## Initial License Application

**Fee: \$250**

Please make check or money order made payable to:

**OHIO DIVISION OF REAL ESTATE**

Mail in application and payment to: **Ohio Division of Real Estate**  
**6606 Tussing Rd**  
**PO Box 4008**  
**Reynoldsburg, Ohio 43068**

**FOR DIVISION USE ONLY**

### Section 1: Applicant Information

First Name	Middle Initial	Last Name
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Home Address	Social Security Number
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City	State	Zip Code
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Date Of Birth	Home Phone	Email Address	Year Of High School Graduation/GED
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Legal Status (check applicable)

I am a:  US Citizen  Legal Alien\* – If legal alien, attach proof of being a legal alien

### Section 2: Current Company Information

Company Name	Doing Business As Name
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Business Address
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City	State	Zip Code
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Employer Identification Number	Ohio Secretary Of State Entity#	Phone Number
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Company Business Structure (check one)  Corporation  LLC  Partnership  Sole Proprietor

Date Business Opened	Are You The Owner/Operator Of The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No
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### Section 3: Comprehensive General/Commercial General Liability Insurance

- Please attach a copy of the Certificate of Insurance with this application.
- Must not be less than \$100,000 per occurrence & not less than \$300,000 aggregate limit.

Insurance Provider	Policy Number
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Business Address	Phone Number
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City	State	Zip Code
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*\*If you are living in the US, Federal Law [8 USCS 1621], limits the issuance of professional licenses to US citizens or aliens lawfully admitted in the US.*

Home Inspector Program  
6606 Tussing Road  
PO Box 4008  
Reynoldsburg, OH 43068  
REPL-19-0003

Daphne Hawk, Superintendent  
An Equal Opportunity Employer and Service Provider

614-466-4100  
Fax 614-644-0584  
TTY/TDD 800-750-0750  
com.ohio.gov/real  
Updated 7/2022

**Section 4: Ethical Conduct & Legal History**

Please attach to this application any materials or explanations for any questions answered yes.

<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Have you had a credential to act as a home inspector refused, denied, canceled, surrendered or revoked for any reason in any jurisdiction?
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Have you had any professional or occupational credential disciplined in any way in any jurisdiction?
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Have you been notified that you are under investigation in any jurisdiction?
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Have you ever been refused or denied any professional or occupational credential in any jurisdiction?
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Are you currently the subject of any unsatisfied judgments?
<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>	Excluding minor traffic violations (e.g. speeding tickets), have you ever been convicted of, pled guilty to, or been granted intervention in lieu of, a conviction in any jurisdiction?

**Section 5: Out of State Home Inspector Credentials**

If currently maintaining or previously maintained an out of state home inspector credential, then complete this section.

State	Credential Type	Credential #	Expiration date	Standing
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Is the license in good standing? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Section 6: Applicant Certification**

I certify that all information or statements provided in this application and in attachment materials is complete and accurate and understand this application and the information contained therein is public record pursuant to Ohio Revised Code Section 149.43.

I understand any false information or statements in this application and attached materials may subject me to criminal prosecution and loss of the Ohio home inspector license.

I agree to comply with all requirements found in Ohio Revised Code Chapter 4764 and its corresponding rules and policies. I understand the grounds for any disciplinary action that may be initiated under Ohio Revised Code Chapter 4764.

I certify I am at least 18 years of age and have graduated high school or received a high school equivalences (GED) as defined in section 4109.06 of the Revised Code.

I agree to maintain a comprehensive or commercial general liability insurance policy in accordance with ORC 4764.11.

I am executing this certification voluntarily, knowingly and intelligently and with full knowledge of its significance.

\_\_\_\_\_  
PRINT NAME\_\_\_\_\_  
SIGNATURE\_\_\_\_\_  
DATE

**Section 7: Affidavit**

I, \_\_\_\_\_ having been duly sworn and cautioned and for my sworn affidavit state I have had the opportunity to seek legal counsel and obtain representation and/or advice prior to executing this affidavit, and I am executing this affidavit voluntarily, knowingly and intelligently and with full knowledge of its significance. I further state I satisfied all of the requirements found below by checking the box next to the corresponding requirements and attaching to this application any required proof demonstrating satisfaction of the requirement.

**Requirements satisfied:**

I have successfully passed the National Home Inspector Examination (NHIE) within two (2) years prior to the date of this application **(provide copy of certificate of completion)**.

I have successfully completed eighty (80) hours of classroom or online home inspector qualifying education requirements pursuant to Ohio Revised Code Section 4764.05(D)(5) **(complete section A)**.

I have successfully completed the experience requirements established in Ohio Revised Code Section 4764.05(D)(6) by completing one (1) of the following: **(Please indicate which requirement has been completed by checking the appropriate box below.)**

- Successfully completed forty (40) hours of work in home inspection within twelve (12) months prior to the date of this application and have successfully completed one (1) peer review session **(complete section B)**.
- Successfully completed an approved interactive curriculum of experience offering within twelve (12) months prior to the date of this application **(provide copy of certificate of completion)** and have successfully completed one (1) peer review session **(complete section B only)**.
- I have successfully completed ten (10) parallel inspections **(complete section C)**.

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Signature Of Notary

**Section A: Education****Attach attendance certificate for each course listed.****\*\*Active certified architects and active registered professional engineers do not need to satisfy this requirement based on ORC Section 4764.07(E). Please provide proof credential is active and in good standing.\*\***

Course Provider	Ohio Certification #	
Course Title	Date Of Attendance	Hours Completed
Course Provider	Ohio Certification #	
Course Title	Date Of Attendance	Hours Completed
Course Provider	Ohio Certification #	
Course Title	Date Of Attendance	Hours Completed
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Course Title	Date Of Attendance	Hours Completed
Course Provider	Ohio Certification #	
Course Title	Date Of Attendance	Hours Completed

**Section B: Experience Log**

- Completion of 40 hours of home inspection work must be completed within 12 months prior to the date of this application. Attach certificate of completion if an approved curriculum of experience program was completed.
- Use additional copies of this page, if necessary.

**\*\*Active certified architects and active registered professional engineers do not need to satisfy this requirement based on ORC Section 4764.07(E). Please provide proof credential is active and in good standing.\*\***

Date Of Inspection	Date Of Report	Hours Claimed	
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Property Address	City	State	Zip Code
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Description Of Work Completed  
 Did you inspect the property?  YES  NO      Did you write a report?  YES  NO

Name Of Supervisor/Instructor	Supervisor/Instructor Home Inspector License Number (if applicable)
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Date Of Inspection	Date Of Report	Hours Claimed	
--------------------	----------------	---------------	--

Property Address	City	State	Zip Code
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Description Of Work Completed  
 Did you inspect the property?  YES  NO      Did you write a report?  YES  NO

Name Of Supervisor/Instructor	Supervisor/Instructor Home Inspector License Number (if applicable)
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Date Of Inspection	Date Of Report	Hours Claimed	
--------------------	----------------	---------------	--

Property Address	City	State	Zip Code
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Description Of Work Completed  
 Did you inspect the property?  YES  NO      Did you write a report?  YES  NO

Name Of Supervisor/Instructor	Supervisor/Instructor Home Inspector License Number (if applicable)
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Date Of Inspection	Date Of Report	Hours Claimed	
--------------------	----------------	---------------	--

Property Address	City	State	Zip Code
------------------	------	-------	----------

Description Of Work Completed  
 Did you inspect the property?  YES  NO      Did you write a report?  YES  NO

Name Of Supervisor/Instructor	Supervisor/Instructor Home Inspector License Number (if applicable)
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**Peer Review**

- Provide copy of certificate of completion awarded by organization sponsoring the peer review.

Date Of Inspection	Date Certificate Awarded	Organization Conducting Peer Review <input type="checkbox"/> ASHI <input type="checkbox"/> InterNACHI <input type="checkbox"/> Other: _____
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Property Address	City	State	Zip Code
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City	State	Zip Code
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**Section C: Parallel Inspections**

- This affidavit must be completed by the applicant and each supervising licensed Ohio home inspector.
- Use additional copies of this page, as necessary.

Date Of Inspection		Date Of Applicant's Report	
Property Address	City	State	Zip Code
Name Of Supervising Licensed Home Inspector	License Number	Date Supervisor Provided Comment	

**Affidavit**

I, \_\_\_\_\_ was supervised by \_\_\_\_\_  
Applicant Name Supervisor Name

while conducting an on-site home inspection of a residential property for the licensed home inspector's client. \_\_\_\_\_ produced a written home inspection report that was reviewed  
Applicant Name

by \_\_\_\_\_, who reviewed, analyzed and returned the corrected report to the  
Supervisor Name  
applicant within 10 calendar days of the applicant's report. The supervisor's guidance and corrections were consistent with the standards of practice and code of ethics adopted by the Ohio home inspector board. During the parallel inspection, the supervisor did not supervise more than two applicants at one time.

\_\_\_\_\_  
Supervisor Name (Print)

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Applicant Signature

Sworn to and subscribed before me, a Notary Public, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(NOTARY SEAL)

\_\_\_\_\_  
Signature Of Notary