



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 and 121.08 & the FBI Reason Code is 121.08.**
- BCI&I must directly send the results (state and FBI criminal records check) to the Division at this address:

**Division of Real Estate and Professional Licensing
77 S High St., 20th Fl.
Columbus, OH 43215**

- **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
77 South High Street
20th Floor
Columbus, Ohio 43215

Anne M. Petit, 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.
- 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**
77 S High St., 20th Fl
Columbus, OH 43215

FOR DIVISION USE ONLY

Section 1: Applicant Information

First Name		Middle Initial	Last Name	
Home Address			Social Security Number	
City			State	Zip Code
Date Of Birth	Home Phone	Email Address	Year Of High School Graduation/GED	
Legal Status (check applicable) I am a: <input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien* – If legal alien, attach proof of being a legal alien				

Section 2: Current Company Information

Company Name		Doing Business As Name	
Business Address			
City		State	Zip Code
Employer Identification Number	Ohio Secretary Of State Entity#	Phone Number	
Company Business Structure (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Date Business Opened	Are You The Owner/Operator Of The Company? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	
Business Address	Phone Number	
City	State	Zip Code

**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.*

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77 South High Street
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REPL-19-0003

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com.ohio.gov/real
Updated 4/5/19

Section 4: Ethical Conduct & Legal History**Please attach to this application any materials or explanations for any questions answered yes.**

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	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"/>	YES	<input type="checkbox"/>	NO	Have you had any professional or occupational credential disciplined in any way in any jurisdiction?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Have you been notified that you are under investigation in any jurisdiction?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Have you ever been refused or denied any professional or occupational credential in any jurisdiction?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Are you currently the subject of any unsatisfied judgments?
<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	Excluding minor traffic violations (e.g. speeding tickets), have you ever been convicted of, plead 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 a national home inspector examination 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
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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

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.
- 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		
Property Address	City	State	Zip Code	
Description Of Work Completed				
Did you inspect the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you write a report? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Date Of Inspection	Date Of Report	Hours Claimed		
Property Address	City	State	Zip Code	
Description Of Work Completed				
Did you inspect the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you write a report? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Date Of Inspection	Date Of Report	Hours Claimed		
Property Address	City	State	Zip Code	
Description Of Work Completed				
Did you inspect the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you write a report? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Date Of Inspection	Date Of Report	Hours Claimed		
Property Address	City	State	Zip Code	
Description Of Work Completed				
Did you inspect the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you write a report? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Date Of Inspection	Date Of Report	Hours Claimed		
Property Address	City	State	Zip Code	
Description Of Work Completed				
Did you inspect the property? <input type="checkbox"/> YES <input type="checkbox"/> NO Did you write a report? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Peer Review

- Peer reviews must have been completed within 12 months of the date of this application.
- 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: _____		
Property Address				
City		State	Zip Code	

- 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 Signature _____

Applicant Signature _____

Sworn to and subscribed before me, a Notary Public, this _____ day of _____, 20____.

Signature Of Notary