# COMMISSION OF REAL ESTATE APPRAISERS, APPRAISAL MANAGEMENT COMPANIES, AND HOME INSPECTORS

1100 N. Eutaw St. #121 Baltimore, MD 21201

(410) 230-6363 or (410) 230-6165 or dloplrealestateappraiser-labor@maryland.gov

#### HOME INSPECTOR RECIPROCAL LICENSE APPLICATION

Pursuant to Business Occupations and Professions Article, §16-3A-04, <u>Annotated Code of Maryland</u> the Commission may issue a reciprocal credential for an applicant who is licensed to provide home inspection services in another state if: (a) In general. -- Except as provided in subsection (c) of this section, subject to the licensing provisions of this section, the Commission may issue a license by reciprocity under this section for an applicant who is licensed to provide home inspection services in another state. (b) Requirements. -- The Commission may issue a license by reciprocity under this section for an applicant who is licensed to provide home inspection services in another state only if the applicant: (1) pays to the Commission an application fee as set by the Commission; and (2) provides adequate evidence that the applicant: (i) meets the qualifications otherwise required by this subtitle; (ii) holds an active license in good standing from the other state;

- (iii) became licensed in the other state after meeting, in that or another state, requirements that were at least equivalent to those then required by the laws of this State; or
- (iv) at the time of the application for a license by reciprocity under this section, the applicant meets the requirements currently required by the laws of this State.
- (c) Comparable education, training and experience. -- Subject to the licensing provisions in this section, the Commission may issue a license by reciprocity to provide home inspection services to an individual who satisfies to the Commission that the applicant is qualified based on a combination of comparable education, training, and experience in providing home inspection services.

In addition, an applicant must not have received disciplinary action that limits or prevents the ability to complete the practice of real property home inspections and not have lost a license to practice real estate home inspections by revocation, suspension or voluntary surrender.

\*ONLY licensees from the following states are eligible to be considered for a reciprocal license or certificate: AZ, AR, CT, DE, FL, IL, IN, KY, LA, MA, MS, NV, NH, NJ, NY, NC, OK, OR, PA, RI, SC, SD, TN, TX, VT, VA, WA, WV (All applicants must provide evidence of passing the National Home Inspector Exam(NHIE)).

### **Candidates for licensure must:**

After completing the application, mail it along with a \$50 non-refundable application review fee to:

Maryland Commission of Real Estate Appraisers, Appraisal Management Companies, and Home Inspectors

1100 N. Eutaw St. #121 Baltimore, MD 21201

#### Make check payable to: MREAHI

NOTE: If you are approved you will be mailed an invoice and instructions that will allow you to proceed with the application process and receive a license. You will be required to remit a fee of \$325 with the invoice for a two-year licensing period. You must also submit proof of Maryland general liability insurance in the amount of at least \$150,000.00 (the applicants name must appear on the Certificate of Insurance)

## 1. General Information

			Middle
Street Address		Suite/Apt #	
City	County	State	Zip Code
Social Security Number	Date of Birth	Place of Birth	n, City/State
Personal email address		Business email address	
You may, if you so choose, use the same of Personal Email Address". However, plear Your personal email address will only be you wish to omit your business email addravailable to third parties, you must notify send your opt out notice to dlopl-dllr@math. Have you ever been convicted of	ase note that your business address in used for the purposes of communications from the lists of licensees that from the lists of licensees that from writing or you can opt out by laryland.gov.	hay be released upon the request tions from the MD Dept. of Lab rom time to time the MD Dept. eaving your business email add	t from a third party. oor. In addition, if of Labor makes ress blank. You may
2. Have you ever had this or a sin other state, or have you been sanct	• 1	•	•
entity established by law?   Yes	$\square$ No		
If "Yes" you must submit, for the commit of the conviction(s) as it relates to incar- which may be obtained from the Clerk of automatic bar to licensure. The denial, so par to licensure or certification. If you mand a true test copy of the consent order(s	ceration, parole, probation, restitution of the Court in the jurisdiction of tuspension, revocation or other disciparked "Yes", you must submit a wr	on, etc; and a true test copy of he conviction. Conviction of plinary action taken against you itten explanation of the disciplin	f the court docket(s) an offense is not an i is not an automatic
2. <u>History of Licensure/</u>	Certification in Anoth	er State/District	
Yes, I have attached the original lassued by the state/district regulatory			
Enter the name of the state/district fro	om which you are applying for re	ciprocity:	
Гуре of license/certificate held:		Date of expiration:	

## 3. Affidavit/Irrevocable Consent

By signing this application, I certify that I am the person whose name and address appear on this application.

I solemnly affirm under the penalties of perjury that the information contained herein is true and correct to the best of my knowledge, information and belief; and that, upon request, I will submit documentation in support of the education and work experience which I have claimed. I understand that any omissions, inaccuracies, or failure to make full disclosures may be deemed sufficient to deny certification or to withhold renewal of or suspend or revoke a certificate issued by the commission. I have not withheld information which might affect the decisions to be made on this application. I further certify that I have paid all undisputed taxes and unemployment insurance contributions payable to the Comptroller or the Maryland Department of Labor,

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or have provided for payment in a manner satisfactory to the unit responsible for collection. I also understand that if I am an employer required to comply with workers' compensation laws, I must file with the Secretary of the MD Dept. of Labor, either: 1. a certificate of compliance with the Maryland workers' compensation laws; or 2. The number of a workers' compensation insurance policy or binder.

I further affirm that, if my address listed on this application, or any time in the future, is not within the state of Maryland, I do hereby irrevocably consent that service of process on the Secretary of State shall bind me in any action about the provision of real estate appraisal services brought against me in the city of Baltimore of any county in the state of Maryland.

Applicant's Signature	Date	
Business Phone Number	Cell or Home Phone Number	

NOTE: The following 3 items are frequently missing from submitted applications. Please make sure you have the following included or the application will be automatically denied:

- 1. NHIE exam results
- 2. Letter of good standing
- 3. Copy of valid license issued from one of the states listed above