

FEE: \$200.00

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In	etri	ictic	ne.

- 1. For reference, see North Dakota Century Code, Chapter 43-54.
- 2. Please type or print, complete all blanks, and enter "none" when appropriate.

For Office Use Only

For Office use Offig				
ID Number:				
WO Number:				
Filed:	Ву:			
Secretary of State				

State of North Dakota 600 E Boulevard Ave Dept 108 Bismarck ND 58505-0500 Telephone: (701) 328-3665

Toll-Free: (800) 352-0867, ext. 328-3665

Fax: (701) 328-1690 Website: sos.nd.gov

- **Additional Requirements:** An application for a home inspector registration must be accompanied by:
 - A copy of proof of satisfactory completion of an examination on home inspection offered by one of the five organizations allowed in N.D.C.C. § 43-54-03(2) and which are listed on page 2.
 - A copy of errors and omissions coverage in effect for the duration of the registration period in the amount of \$100,000 or more covering all home inspection activities.

An individual may not perform a home inspection for compensation unless registered under North Dakota Century Code, Chapter 43-54. An individual who violates North Dakota Century Code, Chapter 43-54 is guilty of a class B misdemeanor.

All registrations expire on June 30.

Privacy: Disclosure of the social security number is required pursuant to 42 U.S.C. 666 (a)(13) and N.D.C.C. ch. 43-50 and may be used for data-matching with other state agencies. It is also used by the Secretary of State to accurately maintain home inspector records and to facilitate the process. Failure to provide one will result in the rejection of the registration. The social security number will not be released to the public.

Disclosure of an email address is voluntary. Failure to provide one will not result in the rejection of the registration. The email address will not be released to the public.

Name		Social security number	
Address	City	State	ZIP code
Business name		ı	
Website	Email Address		Business telephone number
Are you 18 years or age or older? Yes No			
I, the undersigned applicant, am 18 years of age or older, a documents submitted with this application are true and cor		e penalties of	perjury that the
Signature of applicant		Date	

American Society of Home Inspectors Inc 932 Lee Street Suite 101 Des Plaines IL 60016

Telephone: (800) 743-2744 Website: www.ashi.org

National Association of Home Inspectors Inc

4248 Park Glen Road Minneapolis MN 55416

Telephone: (800) 448-3942 Website: <u>www.nahi.org</u>

National Association of Certified Home Inspectors

PO Box 987

Valley Forge PA 19482-0987

Telephone: Executive Director (303) 591-9896

Website: www.nachi.org

Examination Board of Professional Home Inspectors 325 John Knox Raod, Suite L103

Tallahassee FL 32303

Telephone: (847) 298-7750

Website: www.homeinspectionexam.org

International Code Council 5203 Leesburg Pike Suite 600 Falls Church VA 22041

Telephone: (888) 422-7233, ext 6235

Website: www.iccsafe.org

WO Number (For Office Use Only): CREDIT CARD PAYMENT AUTHORIZATION SECRETARY OF STATE SFN 51478 (02-2016) Amount Name Telephone Number City State ZIP Code Address Signature (required by credit card companies) Card Type Discover ☐ Visa American Express **Account Number** CSC Number* Card Expires (MMYY) Date