



APPLICATION FOR ASHI CERTIFIED INSPECTOR

932 Lee Street, Suite 101 ♦ Des Plaines, IL 60016 ♦ (847) 759-2820 ♦ Email: membership@ashi.org

Applicant Information (Please print clearly)

Your Name _____ Title _____

Business Name _____

Address* _____

City _____ State/Province _____ Zip/Postal Code _____

Work # (To be published) _____ Home # (Not published) _____

E-Mail Address _____ Cell Phone _____

Website _____ Birth Date: ___/___/___ Gender: M / F / other

***If you have entered a PO Box, please provide a physical address for UPS shipping below (Not Published):**

Address _____ Apt/Unit # _____

City _____ State/Province _____ Zip/Postal Code _____

ASHI Certified Inspector Check List (Please read carefully)

To be approved as an ASHI Certified Inspector, all steps must be completed:

- Agree to follow the ASHI Standard of Practice and abide to ASHI's Code of Ethics
- Pass of the National Home Inspector Examination (NHIE) Copy must be emailed to membership@ashi.org
- Have inspection reports successfully verified for compliance with ASHI's Standards of Practice. Please upload your 5 reports using the [Verification Portal](#) on the ASHI Website.
- Submit proof of at least 250 fee-paid inspections with an affidavit signed and notarized. This affidavit will be provided to you by ASHI and must be notarized and emailed back to ASHI by the applicant.

Acknowledgment (Please read carefully)

I hereby state:

1. I have read and understand the *ASHI Standard of Practice and Code of Ethics*, and I agree to follow and abide by these and other policies and procedures of the Society.
2. That I shall not inspect properties for compensation in which I have, or expect to have a financial interest.
3. I will not repair for a fee any conditions I find during inspections for a minimum of 12 months after the inspection.
4. For and in consideration of the benefits provided to me by the American Society of Home Inspectors, Inc. ("ASHI®"), I hereby waive, release and forever discharge ASHI®, its Board of Directors, officers, members, agents, and employees, of and from all suits, claims, causes of action, damages, losses or injuries that I shall or may have for any reason or cause including but not limited to those related to the implementation or enforcement of the ASHI® *Code of Ethics, Standard of Practice* and/or any other activities.
5. The ASHI Certified Inspector credential is non-transferable, and fees are non-refundable.

Signature (Please sign and date)

X _____
Signature of Applicant

_____/_____/_____
Date



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Payment (please check one)

PAYMENT IN FULL VIA CREDIT CARD OR CHECK

Certification fees are renewable yearly on the anniversary month of your registration date

Certification Fee	\$474.00	\$449 + \$25.00 one time application fee
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Please Select the Method of Payment

You can also call our office to complete your payment over the phone: (847) 759-2820

- Check payable to ASHI in the above amount. (There is a \$50 charge for returned checks.)
- MasterCard Visa Discover American Express

Card Number : _____ Expires: _____

Cardholder's name: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____, Zip: _____

Check here if the billing address is the same as the shipping address

The address must be provided for credit card processing. ASHI will not record this address for any use.

Please read before signing this application!

The current certification fee for an ASHI Certified Inspector is \$449 per year and is non-refundable. A total of 20 Continuing Education Credits are due yearly on your anniversary date, to avoid disruption of your certification.

Signature (Please sign and date)

X _____
Signature of Applicant

_____/_____/_____
Date

Photo ID (Please include a copy of your driver's license or state ID here or on a separate sheet)