

7. Have you been denied a home inspection license in Mississippi or any other state? If Yes, furnish date, state and type of license denied. _____

8. Has any license held by you been revoked or suspended in this or any other state? [] Yes [] No
(If yes, furnish state of details on separate sheet.)

9. What has been your business or occupation for the past 5 years? Give place where employed for 60 days or more and account for entire time. If self-employed, list nature of business and address.

(Employer)	(Street & Number)	(City/State/Zip)	(From)	(Until)

10. Have you been convicted of any criminal offense? [] Yes [] No Misdemeanor []
(If YES, furnish a statement of details.) Felony []

11. Has anyone obtained a judgment against you in any court? [] Yes [] No
(If YES, furnish dates, disposition or if appropriate, Petition for Voluntary Bankruptcy Schedules and Discharge.)

12. Are you an American citizen? [] Yes [] No If not, how long in U.S.? _____

13. Date of Birth _____ Place of birth _____
(Mo. Day Yr.) (City) (County) (State)

14. How long have you been a resident of present state? _____

AFFIDAVIT

(Read Carefully)

15.

The undersigned, in making this application to the Mississippi Home Inspector Regulatory Division Board for permit/license to carry on the business of appraising real estate under the provisions of the Mississippi Home Inspector Licensing and Certification Act of 1990 swears that he or she has read and is thoroughly familiar with the provisions of the Act, and Rule/Regulations issued by the Board and agrees to comply fully with them. The undersigned further swears that all of the information given in this application is true and correct to the best of his or her knowledge and belief. It is understood that any omissions, inaccuracies or failure to make full disclosure may be deemed sufficient reason to deny permit or permission to take an examination or to deny licensure or certification after examination or to withhold renewal of or to take an examination or to deny licensure or certification after examination or to withhold renewal of or suspend or revoke a permit/license or certificate issued by the Board. Under Section 73-34-47 all applications maintained in the office of the Board are a matter of public record. Therefore, this application and other information submitted with the application may be reviewed by members of the general public under reasonable rules and regulations established by the Board. I hereby authorize any financial institutions, education institutions or any other agencies, public or private, Federal or State, to release any information contained in their files to the Mississippi Home Inspector Regulatory Division Board. I also agree to cooperate fully with any investigation involving possible violations of the Act and Rule/Regulations established by the Board.

Signature of Applicant _____

Subscribed and sworn to before me, this _____ day of _____, 20_____

My Commission expires _____

(Notary Public)

(S E A L)

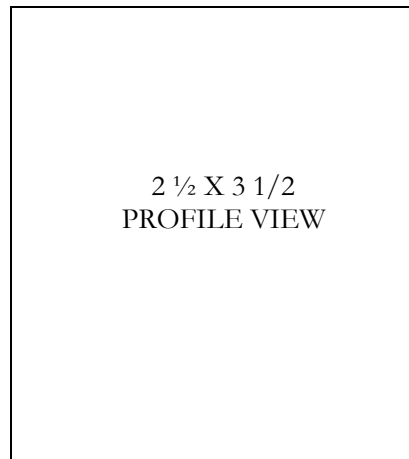
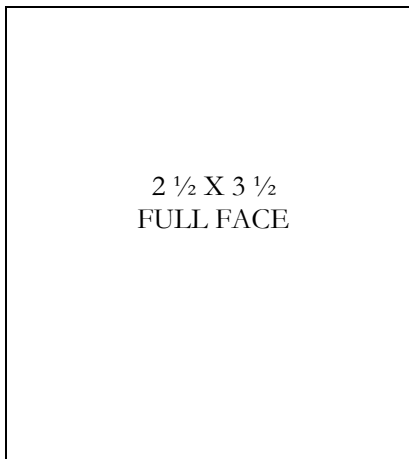
(County)

(State)

16.

PHOTOGRAPHS

(Attach Photos Below)



PLEDGE/CERTIFICATION

I _____, pursuant to Section 13 and 37 of the
(print your name)

Miss. Home Licensing and Certification Act of 1990 (Act), pledge to comply with the Uniform Standards of Professional Home Inspector Practice and generally accepted ethical rules to be observed by a licensed/certified real estate appraiser as directed by the Appraisal Subcommittee of the Federal Financial Institutions Examination Council and Appraisal Standards Board/Appraiser Qualifications Board of the Appraisal Foundation. I understand that after a public hearing, the Miss. Home Inspector Division (Board) may make such modifications in excess of those standards and ethical rules, as the Board deems appropriate for Mississippi.

I also certify that I have read the Act, and the Rules/Regulations established by the Board and understand the types of misconduct, as set forth in the Act and Rules/Regulations, for which disciplinary proceedings may be initiated against me as a licensed/certified home inspector. Further, I acknowledge my requirement to disclose, at renewal of my license, any adverse decision (civil or criminal) in which I was a Defendant, in accordance with M. C. A. §§ 73-34-14 and 35.

(your signature)

Subscribed and sworn to before me, this _____ day of _____, 20_____.

-- SEAL --

(NOTARY PUBLIC)

(COUNTY)

(STATE)

IMPORTANT NOTE:

Advise us below if your office or residence address or telephone number (office or residence) has changed:

**SUPPLEMENT TO APPLICATION
NON-RESIDENT OF MISSISSIPPI**

I am a licensed/certified home inspector in the state of _____ and a legal resident of the state of _____ desiring to obtain a Mississippi home inspector license in order to conduct real estate activity within the state as defined in Chapter 32, Title 73, Mississippi Code of 1972 Annotated.

As an applicant for a non-resident real estate appraiser license pursuant to Rule 9, I hereby agree to the following:

By affixing my signature to this document, I am filing a statement of irrevocable consent with the Mississippi Home Inspection Regulatory Board that legal actions may be initiated against me in the proper court of any county of Mississippi in which a cause of action may arise or in which the plaintiff may reside by service of process or pleading upon me may be made by delivery of the process or pleading to the Secretary of State of Mississippi, if, in an action against me in a court of Mississippi arising out of my activities as a real estate appraiser in Mississippi, the plaintiff cannot, in the exercise of due diligence, effect personal service upon me. The consent stipulates that the service of process or pleading shall be taken in all courts to be valid and binding as if personal service has been made upon me within the State of Mississippi. I also consent to have any hearings conducted by the Board pursuant to Section 73-34-41, Mississippi Code of 1972 Annotated, at a place designated by the Board.

(Signature)

Subscribed and sworn to before me, this _____ day of _____, 20 _____

My Commission expires _____

(Notary Public)

(S E A L)

(County) (State)