



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**BOARD OF HOME INSPECTORS**

TELEPHONE: (302) 744-4500  
FAX: (302) 739-2711  
WEBSITE: [DPR.DELAWARE.GOV](http://DPR.DELAWARE.GOV)  
EMAIL: [customerservice.dpr@delaware.gov](mailto:customerservice.dpr@delaware.gov)

## VERIFICATION OF EMPLOYMENT

### INSTRUCTIONS

An applicant may qualify for Delaware licensure as a Home Inspector based on experience if he or she performed home inspections for a period of **five years**. To verify home inspection experience for periods that you were employed, arrange for the Board office to receive a *Verification of Employment* form from each employer. The employer must complete and sign the form in the presence of a notary and submit the form *directly* to the Board office.

**APPLICANT INFORMATION – To be completed by applicant; Enter Your Application ID:** \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Have you been issued a U.S. Social Security Number? Yes No If yes, enter your SSN: \_\_\_\_\_

**If no, if a U.S. SSN is assigned to you, do you agree to report the SSN to the Delaware Division of Professional Regulation? Yes No**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMPLOYER AFFIDAVIT – To be completed by employer

Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City State Zip  
Email: \_\_\_\_\_

Did the applicant provide services as a Home Inspector while in your employment? Yes  No  **If yes, enter the dates of the applicant's employment:** From: \_\_\_\_\_ To: \_\_\_\_\_  
month/year month/year

### AFFIDAVIT

**I, the employer named above, do declare and affirm under penalty of perjury that the foregoing information is true and complete to the best of my knowledge and belief.**

**Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

City of: \_\_\_\_\_ County of: \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

SEAL

My commission expires: \_\_\_\_\_

**Mail this form *directly* to the Delaware Board of Home Inspectors at address above.**