



## HOME INSPECTOR PRE-LICENSE COURSE TRANSCRIPT

### ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION

Division of Real Estate  
320 West Washington Street  
Springfield, Illinois 62786  
800/560-6420

**Important Notice:** Completion of this form is necessary to accomplish the requirements outlined in the Illinois Home Inspector License Act. Disclosure of this information is **REQUIRED**. Failure to comply may result in this form not being processed. This form has been approved by the Agency Forms Coordinator.

**This transcript verifies the successful completion of coursework required for the state licensing exam pursuant to the Illinois Home Inspector License Act.**

STUDENT'S NAME (First, Middle Initial, Last)

ADDRESS (Street, City, State, Zip Code)

NAME OF APPROVED EDUCATION PROVIDER

PROVIDER LICENSE NUMBER

452.

COURSE TITLE (Please issue a separate transcript for each course, if applicable)

COURSE LICENSE NO.

COURSE HOURS

Pre-license education course must include a minimum of 5 field inspection events. "Field Inspection Event" means an examination and evaluation of the exterior and interior components of an actual residential real property conducted by a candidate for a home inspection license under the supervision of a licensed home inspector with at least 5 years experience. Field Inspection Events are conducted for the purpose of learning inspection methodology, techniques, communication and observation skills, and describing observed conditions. A licensed home inspector can supervise a maximum of 5 licensure candidates in each Field Inspection Event.

Property Address, City, State and Zip	Inspection Date	Name and Phone # of Supervisor	Supervisor's License # Example: IL: 450.000000

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FINAL DATE OF COMPLETION \_\_\_\_\_

I hereby certify that the course listed above meets the requirements of the Illinois Home Inspector License Act and Rules and Regulations and that the above-named student has successfully completed the number of class hours and five field events in the course indicated above.

**EMBOSSSED  
SCHOOL SEAL**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_  
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