

WASHINGTON HOME INSPECTOR EXAMINATION REGISTRATION FORM

Instructions for Completing the Examination Registration Form

The numbered items correspond to the numbered blanks on the registration form. PLEASE TYPE OR PRINT IN INK ALL INFORMATION.

1. **NAME:** Enter your last name, first name and middle initial exactly as they appear on your driver's license. Do not use nicknames.
2. **MAILING ADDRESS:** Abbreviate words like street, drive or road, and enter your zip code.
3. **TELEPHONE NUMBER:** Please provide telephone numbers as indicated.
4. **CANDIDATE IDENTIFICATION NUMBER:** Enter the candidate identification number assigned by the Department of Licensing. WE CANNOT PROCESS YOUR REGISTRATION WITHOUT IT!
5. **BIRTH DATE:** Enter the month, day and year of your birth.
6. **EMAIL ADDRESS:** Please provide an email address.
7. **EXAMINATION FEE:** The examination fee must be submitted with your registration form. Payment may be made by cashier's check, money order or personal check payable to PSI Services Inc. or by credit card. Visit <http://schedule.psiexams.com> or contact PSI at 800-345-6559 if payment is to be made by credit card. *Payment by cash is not acceptable.* Examination fees are valid for 12 months.
8. **SIGNATURE AND DATE:** Read the statement and sign your name.

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To apply for the Home Inspector Examination for Washington, register online at <http://schedule.psiexams.com> or contact PSI toll-free at 800-345-6559. If you are paying by cashier's check, money order or personal check, complete this form and mail it to PSI, 18000 W. 105th St., Olathe, KS 66061-7543.

Using the instructions on page 9, complete this form, and mail it with the appropriate examination fee to:

PSI
18000 W. 105th St.
Olathe, KS 66061-7543

1. NAME
Last Name _____ First Name _____ Middle Initial _____
2. MAILING ADDRESS
Number, Street and Apartment Number _____
City _____ State _____ Zip Code _____
3. TELEPHONE NUMBER (_____) _____ - _____
Daytime Telephone
4. CANDIDATE IDENTIFICATION NUMBER _____
5. BIRTH DATE _____ - _____ - _____
Month Day Year
6. EMAIL ADDRESS _____
7. EXAMINATION FEE – State Portion Only \$125
National Portion Only \$250
Both Portions \$300

Your examination fee must be submitted with your registration form. Payment may be made by cashier's check, money order or personal check payable to PSI Services Inc. Payment by cash is not acceptable. Examination fees are valid for 12 months.

8. SIGNATURE AND DATE

I have read and understand the information provided in the Candidate Handbook, and the information I have provided in this registration form is true and complete to the best of my knowledge.

Signature: _____ Date: _____