



# Home Inspection Pre-Qualification School

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## IL Home Inspection Continuing Education REGISTRATION FORM

The State of IL requires home inspectors to successfully complete **6 hours per year of approved continuing education courses** preceding the renewal of his/her license. Continuing education may be obtained anytime during the pre-renewal period. If you received your state license in the year 2007 or earlier you need continuing education. If you have taken these same courses from the Home Inspection Pre-Qualification School in the past; you may take the same course again to satisfy the state's requirement. This is allowed due to the change in course license numbers and in the recording of these numbers in the state's system.

HIPQS will mail the Home Study Course to you. When you are ready to take the test, you may either come to HIPQS's home office or take it via proctor (local library) service. Currently we offer courses in Electrical, Plumbing, Heat/AC, and Roofing. More courses are being added in the coming months.

**To register, please complete the information below and choose the course(s) you are interested in.**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
(Required by the State of IL)

Phone \_\_\_\_\_ Inspector  
License # \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_

**I do**\_\_\_\_, **do not**\_\_\_\_, have the textbook "The Complete Book of HOME INSPECTION by Norman Becker".

			<u>Course Fees:</u>
_____ Electrical	3 Hrs	License # 454.0000221	1 for \$ 81.75
_____ Roofing	3 Hrs	License # 454.0000222	2 for \$146.75
_____ Heat/AC	3 Hrs	License # 454.0000223	3 for \$216.75
_____ Plumbing	3 Hrs	License # 454.0000224	4 for \$256.75

**Payment in full is required with your registration. Select a payment method below.**

\_\_\_\_\_ Check enclosed Amount \$ \_\_\_\_\_

\_\_\_\_\_ Please charge the fee to my credit card. \$ \_\_\_\_\_  
Type of card: MC\_\_ Visa\_\_ Discover\_\_ AMEX\_\_

CC# \_\_\_\_\_

Exp. \_\_\_\_\_ CCV \_\_\_\_\_ (3 digit number on back of card or 4  
Digit number on front for AMEX)

Signature \_\_\_\_\_

Please send this  
completed form along  
with payment to:

HIPQS Registration  
117 Madison St  
Gillespie, IL 62033