



Arkansas Home Inspector Registration Board

INSTRUCTIONS FOR FORM AP-1 AND DOCUMENTS REQUIREMENTS TO REGISTER AS A HOME INSPECTOR IN ARKANSAS

**ALL DOCUMENTS MUST BE ORIGINALS OR CERTIFIED (NOTARIZED) COPIES OF ORIGINAL DOCUMENTS
FAXED DOCUMENTS ARE NOT ALLOWED AND ALL PROCESSING WILL CEASE UNTIL THE REQUIRED
VERSIONS ARE PHYSICALLY RECEIVED BY THE BOARD OFFICE**

**THE SAME SHALL APPLY TO ALL DOCUMENTS SUBMITTED FOR ANNUAL RENEWAL OF REGISTRATION AND
FOR RENEWAL OF INSURANCE COVERAGE**

- (1) **PRE-REGISTRATION TRAINING OR EXPERIENCE** - Documents must be submitted certifying successful completion of at least **80 hours of classroom/on-site** instruction that has been pre-approved by the Board to fulfill this requirement, and that has been taken within the twelve months preceding the date on which the Board receives the completed application for initial registration.

Information on these courses is available on the AHIB website (www.ahib.org) or you may contact the Board office.

Exemptions:

The only waivers allowed for the requirement of pre-registration training are:

1. City inspectors certified by the International Code Council
2. Contractors who hold a current Residential Builders License issued by the Arkansas Contractors Board and have ten (10) years experience as a contractor.

***If you believe you qualify for either exemption, before proceeding with steps 2 – 5 below, CALL THE BOARD.**

- (2) Documents attesting to the successful **ON-SITE** completion of the:

The National Home Inspector Examination AND The ASHI Standards and Ethics Exam.

(Information on these examinations is available on the Internet at:
<http://www.homeinspectionexam.org> and <http://www.ashi.com/inspectors/ethics.asp> respectively.)

- (3) An **ORIGINAL Certificate** of Insurance.

A. The individual applicant **MUST** be listed as the insured. Their company may be listed as (DBA) if necessary.

B. The ***Arkansas Home Inspector Registration Board, P.O. Box 251911, Little Rock, AR 72225*** **MUST** be listed as the **holder** of the policy.

C. The policy must provide a minimum of \$100,000 of general liability coverage.
(Example certificate available to the insurance agent if requested)

D. The certificate **MUST** provide a current policy number, with beginning and ending dates of coverage. The word "continuous", or similar wording may NOT be used. The policy **MUST** be paid for in full between the dates of coverage.

- (4) An **ORIGINAL** certificate of Workers' Compensation Insurance. If not applicable, check and initial item (16) on registration form.

- (5) This application must be accompanied by the appropriate registration fee. If you are submitting this application between January 1 and June 30, the fee is \$250 for the balance of the calendar year. If you are submitting this application between July 1 and December 31, the fee is \$375. That fee is for the balance of this year and through December 31 of next year.



Arkansas Home Inspector Registration Board

PO Box 251911 - Little Rock, AR 72225
(501) 683-3710 FAX: (501) 244-2333
EMAIL: info@ahib.org WEBSITE: www.ahib.org

Application For Initial Registration As A Home Inspector

MAIL TO: AHIB, P.O. Box 251911, Little Rock, AR 72225,
OR DELIVER TO: 121 Ridgeway Dr, Little Rock, AR 72205

A. INSTRUCTIONS / REQUIREMENTS

Instructions for completing this form, as well as explanations of other required documents to be submitted are listed on page 1 of this form.

This application must be fully completed (insert N/A if an item is not applicable) and must be submitted along with all required documents prior to being considered by the Board unless noted otherwise in the instructions.

B. APPLICANT DATA: (Note: Only individuals may register, not corporations or other legal entities.)

(1) Legal Name of applicant: _____ Date of Birth: ___/___/___ SSN: ___-___-___
(Last Name) (First Name) (M.I.) (mm/dd/yyyy)

(2) Company Name under which you do business: _____

(3) Physical Business Address: _____ City: _____ State: _____ Zip: _____

(4) Business Mailing Address: _____ City: _____ State: _____ Zip: _____

(5) Business Phone: () _____ FAX: () _____

(6) Email Address: _____@_____ Your Internet Site URL: www._____

(7) Home Address: _____ City: _____ State: _____ Zip: _____

(8) Last or current employer other than your inspection company _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Number of years: _____ Reason for leaving: _____

(9) Are you 18 years of age or older? Yes No

(10) Have you ever been convicted of a felony or a misdemeanor (other than traffic related) or plead nolo contendere, or no contest, to such charges? (If yes, give summary of the circumstances in item 17 below.) Yes No
(The Board may request court documents following their review)

(11) Are you a citizen of the United States? Yes No If not, are you a legal alien? Yes No

(12) Have you been, or are you now, registered or licensed as a home inspector in another state? Yes No

(If yes, list state and license or registration number.) State: _____ License or Registration number: _____

(13) Do you currently hold or ever held any type of professional license issued by the State of Arkansas? (Specify below) Yes No

Type of license: _____ License number: _____ Dates Held: _____ To _____

Type of license: _____ License number: _____ Dates Held: _____ To _____

(If more than two, add in item 17 below.)

(14) Have you ever had a professional license of any kind suspended, canceled, or revoked? Yes No
(If yes, give a summary of the details in item 17 below.)

(15) I certify that I have read and agree to comply with the current version of the following: (Initial here _____)
(Available on the Internet at the URLs indicated. If you do not have personal Internet access, most local libraries do.)

- The Arkansas Home Inspectors Registration Act (Act 1328 of 2003): <http://www.ahib.org/act1328.pdf>
- The Rules and Procedures of the Arkansas Home Inspector Registration Board: <http://www.ahib.org/rules.pdf>
- The ASHI Standards of Practice (2006 version): <http://www.homeinspector.org/standards/default.aspx>
- The ASHI Code of Ethics (2004 version): <http://www.homeinspector.org/codeofethics/default.aspx>

(16) I certify that I am not required to carry Workers' Compensation insurance. (Initial here _____)
(If you are required to carry this insurance, enter N/A and attach documents proving such insurance is in force.)

(17) Explanation of an item above: (Attach additional pages if necessary.)
(Please list item number you are responding to.)

| Item #: | Explanation |
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(18) List specific counties in Arkansas that you prefer to work in. Do not make statements such as "and surrounding counties."
Carefully check all spelling. This information is needed in order for the public to locate home inspectors in a particular area on the Board's Internet site.

Six (6) Counties you prefer to work in: 1. _____ 2. _____ 3. _____
4. _____ 5. _____ 6. _____

(19) I swear and affirm that the information provided above is complete and true. I understand that I am subject to the perjury laws of the State of Arkansas.

Signature of Applicant

Apply notary seal below

AFFIDAVIT:

State of _____ County of _____

Subscribed and sworn to before me, a Notary Public,

this _____ day of _____,

My commission expires: _____

Printed Name of Notary Public: _____

Signature of Notary Public: _____