



Arkansas Home Inspector Registration Board

P.O. Box 251911
Little Rock, AR 72225
(501) 683-3710 FAX: (501) 682-3574
EMAIL: ahib@arkansas.gov WEBSITE: www.ahib.org

Application for Initial Registration as a Home Inspector

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

(1) Legal Name of Applicant:

Last Name: _____ First Name: _____ Middle Name: _____

(2) Familiar Name (To Appear on License and Website)

Last Name: _____ First Name: _____ Middle Name/Initial: _____

(3) Date of Birth: Month _____ Day _____ Year _____ **(4) Social Security Number** _____ - _____ - _____

(5) Company Name: _____

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

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

(8) Business Phone: () _____ **(9) FAX:** () _____

(10) Email Address: _____@_____

(11) Website Address: www. _____

(12) Current employer other than your inspection company or last employer if unemployed: _____

Position/Profession at above: _____

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

Number of years: _____ Reason for leaving: _____

(13) 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? Yes No

(If yes, give a summary of the circumstances in Item 22 below or attach additional documents.)
(A criminal background check will be performed prior to licensure regardless of answer to #13.
The Board may request court documents to document fulfillment of sentence if convictions appear on background check.)

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

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

State: _____ License number: _____ Expiration Date: _____

State: _____ License number: _____ Expiration Date: _____

(16) Do you currently hold, or have you ever held any type of professional license issued by the State of Arkansas? Yes No

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

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

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

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

(17) Have you ever had a professional license of any kind suspended, canceled, or revoked?
 (if yes, give a summary of the detail in Item 22 below.)

Yes No

(18) I certify that I have read and agree to comply with the current version of the following:

- The Arkansas Home Inspectors Registration Act (Act 1328 of 2003): <http://www.ahib.org/ArkansasCode.pdf>
- The Rules and Procedures of the Arkansas Home Inspector Registration Board: <http://www.ahib.org/rules.pdf>
 - Including the Arkansas Standards of Practice & Code of Ethics

(19) I certify that I have graduated from the following State-accredited high school _____
 in (city) _____, (state) _____ in (year) _____ OR that I have provided a
 copy of my GED issued by a State accredited institution.

(20) List the top six counties in Arkansas where you prefer to work. 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. At the current time, the database is limited to six (6) counties.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

(21) Have you resided in another state in the last 15 years?
 (if yes, please provide a background check for any state that you have resided in.)

Yes No

(22) Explanation of an item above: (Attach additional pages if necessary.)

Item #	Explanation

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. I consent to having a criminal background check performed.

 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: _____