



Arkansas Home Inspector Registration Board

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

Application For Renewal Or Reactivation Of Registration As A Home Inspector

File #: HI- _____
 Renewal Reactivation

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

A. This application must be completely filled in and accompanied by items A1 through A4 below. To avoid a delinquent renewal fee, the complete application must be received by the Board not later than December 1, 2010.

- (1) \$250.00 registration fee.
- (2) An ORIGINAL certificate of insurance with the *Arkansas Home Inspector Registration Board, P.O. Box 251911, Little Rock, AR 72225* as the certificate holder, showing current, general liability coverage in the amount of \$100,000 or more. Your name must be shown as an insured. If you wish, your company may also be shown as an insured. **Faxed copies are not accepted.**
- (3) An ORIGINAL certificate of Workers' Compensation Insurance. If you are not required to carry this insurance, check and initial item B(13) below.
- (4) AHIB Form CE-1, Registration Renewal Continuing Education Credit Claim Form. (This form is not required for persons who have been registered less than 12 months.) **Copies of certificates and other documents which substantiate the continuing education hours listed on the Board Form CE-1 must accompany this form when submitted to the Board, and the same shall be retained by the inspector for at least 2 years after submission of the CE-1.**

You must sign all forms!

B. Applicant Data: (Note: Only individuals may register, not corporations or other legal entities.) PLEASE PRINT

- (1) Name of applicant: _____
- (2) Date of Birth: _____ Social Security # _____
- (3) Company Name under which you do business: _____
- (4) Physical Business Address: _____ City: _____ State: _____ Zip: _____
- (5) Business Mailing Address: _____ City: _____ State: _____ Zip: _____
- (6) Business Phone: () _____ FAX: () _____
- (7) Email Address: _____ Web Site: _____
- (8) Home Address: _____ City: _____ State: _____ Zip: _____
- (9) Employer other than your inspection company: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Number of years employed: _____

(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 on the back of this form.) Yes No

(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) 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 16 below.)

(14) 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 website addresses indicated. If you do not have personal Internet access, most local libraries do.)

- The Arkansas Home Inspectors Registration Act (Act 1328 of the 2003 Legislative Session): <http://www.ahib.org/pdfs/act1328.pdf>
- The Rules and Procedures of the Arkansas Home Inspector Registration Board: <http://www.ahib.org/pdfs/2005Rules.pdf>
- The ASHI Standards of Practice (2006 version): <http://www.ashi.org/inspectors/standards/standards.asp>
- The ASHI Code of Ethics (2004 version): <http://www.ashi.org/inspectors/ethics.asp>

(15) 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.)

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

Item:	Explanation

(17) Please specify the six (6) counties in Arkansas that you wish to be listed as your "work area" on the Board web site:

1	Arkansas	26	Garland	51	Newton
2	Ashley	27	Grant	52	Ouachita
3	Baxter	28	Greene	53	Perry
4	Benton	29	Hempstead	54	Phillips
5	Boone	30	Hot Spring	55	Pike
6	Bradley	31	Howard	56	Poinsett
7	Calhoun	32	Independence	57	Polk
8	Carroll	33	Izard	58	Pope
9	Chicot	34	Jackson	59	Prairie
10	Clark	35	Jefferson	60	Pulaski
11	Clay	36	Johnson	61	Randolph
12	Cleburne	37	Lafayette	62	Saline
13	Cleveland	38	Lawrence	63	Scott
14	Columbia	39	Lee	64	Searcy
15	Conway	40	Lincoln	65	Sebastian
16	Craighead	41	Little River	66	Sevier
17	Crawford	42	Logan	67	Sharp
18	Crittenden	43	Lonoke	68	St. Francis
19	Cross	44	Madison	69	Stone
20	Dallas	45	Marion	70	Union
21	Desha	46	Miller	71	Van Buren
22	Drew	47	Mississippi	72	Washington
23	Faulkner	48	Monroe	73	White
24	Franklin	49	Montgomery	74	Woodruff
25	Fulton	50	Nevada	75	Yell

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.

_____ Date Signed: _____
Signature of Applicant