



# 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

## 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 this form 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 this form.**

### Registered Inspector Data:

Name (Print): \_\_\_\_\_ Date First Registered: \_\_\_\_\_ Reg No.: HI- \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email Address: \_\_\_\_\_

Total CECs earned between November 1, 2008 and October 31, 2009: (Listed below)	
Max. of 10 hrs carried over from last year and listed on renewal for 2009 (Taken between 11/1/2007 and 10/31/2008):	
Total CECs available:	
Less CECs to be applied to this renewal ( <b>Maximum of 4 hours of correspondence or Internet courses</b> ):	-14
CECs carried over to next year (Correspondence or Internet courses not allowed): <b>Must be identified below</b>	

CECs Claimed For This Course:		
Course Provider/Sponsor:		
Board Approval Number:		
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet		
Dates of Course:		
Name of Course:		
Subjects Included:		
Remarks: Carry over _____ hours to next year.		

CECs Claimed For This Course:		
Course Provider/Sponsor:		
Board Approval Number:		
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet		
Dates of Course:		
Name of Course:		
Subjects Included:		
Remarks: Carry over _____ hours to next year.		

CECs Claimed For This Course:		
Course Provider/Sponsor:		
Board Approval Number:		
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet		
Dates of Course:		
Name of Course:		
Subjects Included:		
Remarks: Carry over _____ hours to next year.		

CECs Claimed For This Course:	
Course Provider/Sponsor:	
Board Approval Number:	
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet	
Dates of Course:	
Name of Course:	
Subjects Included:	
Remarks: Carry over _____ hours to next year.	

CECs Claimed For This Course:	
Course Provider/Sponsor:	
Board Approval Number:	
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet	
Dates of Course:	
Name of Course:	
Subjects Included:	
Remarks: Carry over _____ hours to next year.	

CECs Claimed For This Course:	
Course Provider/Sponsor:	
Board Approval Number:	
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet	
Dates of Course:	
Name of Course:	
Subjects Included:	
Remarks: Carry over _____ hours to next year.	

CECs Claimed For This Course:	
Course Provider/Sponsor:	
Board Approval Number:	
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet	
Dates of Course:	
Name of Course:	
Subjects Included:	
Remarks: Carry over _____ hours to next year.	

CECs Claimed For This Course:	
Course Provider/Sponsor:	
Board Approval Number:	
Type of Course: <input type="checkbox"/> Seminar <input type="checkbox"/> Correspondence Course <input type="checkbox"/> Internet	
Dates of Course:	
Name of Course:	
Subjects Included:	
Remarks: Carry over _____ hours to next year.	

I swear and affirm that the information provided above is true to the best of my knowledge.

Inspector's Signature: \_\_\_\_\_ Date \_\_\_\_\_