



# Arkansas Home Inspector Registration Board

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EMAIL: [info@ahib.org](mailto:info@ahib.org) WEBSITE: [www.ahib.org](http://www.ahib.org)

## Request To Change Registration Data Or Internet Listing Data

File #: HI- \_\_\_\_\_

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

Complete all portions of this form. If an item is not applicable, enter "N/A". Submit to the address above along with your payment for the \$15.00 change fee. (Attach additional sheets if needed.)

**A. Registration Data as currently shown on your registration records:** (Note: Only individuals may register, not corporations or other legal entities.)

(1) Your name: \_\_\_\_\_

(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: ( ) \_\_\_\_\_

(5) Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

(6) Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(7) Employer other than your inspection company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of years employed: \_\_\_\_\_

(8) Have you ever been convicted of a felony or a misdemeanor involving moral turpitude 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

(9) Are you a citizen of the United States  Yes  No Are you a legal alien?  Yes  No

(10) 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: \_\_\_\_\_

(11) 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 14 below.)

(12) 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 the 2003 Legislative Session): <ftp://www.arkleg.state.ar.us/acts/2003/Public/Act1328.pdf>
- The Rules and Procedures of the Arkansas Home Inspector Registration Board: <http://www.ahib.org/documents/Rules.pdf>
- The ASHI Standards of Practice (2000 version): <http://Ashi.com/customers/standards.htm>
- The ASHI Code of Ethics (2004 version): <http://Ashi.com/customers/ethics.htm>

**(13)** 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.)

**(14)** Desired changes to the items above: (Attach additional pages if necessary.)

Item:	Change to:

**(15)** Desired changes to my internet listing of cities I prefer to work in:

Delete these cities from my list of preferred work areas:	Add these cities to my list of preferred work areas:

**(16)** Desired changes to my internet listing of counties I prefer to work in:

Delete these counties from my list of preferred work areas:	Add these counties to my list of preferred work areas:

**(16)** Other desired changes to my internet listing:

Change:	To:

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**