



# Arkansas Home Inspector Registration Board

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Little Rock, AR 72225  
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EMAIL: [info@ahib.org](mailto:info@ahib.org) WEBSITE: [www.ahib.org](http://www.ahib.org)  
Send Bulk mail to:  
121 Ridgeway Dr.  
Little Rock, AR 72205

## Application for Approval of Pre-Registration Education Offering

**Complete all items and mail to the address above with the initial qualifying fee of \$45.00.** (If an item does not apply, enter "N/A".) See Section 900 of the *Rules and Procedures of the Arkansas Home Inspector Registration Board* (On the Internet at: <http://www.ahib.org/documents/Rules.pdf>)

Course Provider or Sponsor: \_\_\_\_\_:  
\_\_\_\_\_ h the \$15.00 change

fee. □□□□□□□□□□□□□□

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Email address \_\_\_\_\_ Internet site URL: \_\_\_\_\_

Point of Contact \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Proposed presentation site: \_\_\_\_\_

Dates training will be offered: \_\_\_\_\_

Total Student fee for this offering \$ \_\_\_\_\_ Does this fee include items other than instruction? \_\_\_\_ Handouts \_\_\_\_ Books

Video tapes \_\_\_\_ Audio tapes or CDs \_\_\_\_ Tools. Attach a complete description of these items and/or include samples.

Attach:

1. Resumes for each instructor which provide teaching experience and the source of his/her expertise (quantify where possible. e.g.: 5,000 home inspections during a 20 year practice, masters degree in building science, etc.) and his experience as an instructor.
2. A brochure which fully describes the offering.
3. An advertising plan and copies of all advertising materials to be used.
4. A sample, course completion certificate or other document that confirms the student's successful completion of training.

Answer these questions on a separate sheet of paper:

1. What is your criterion for a student's successful completion of this offering?
2. What are the instructional goals of this offering?
3. How is this offering relevant to an Arkansas home inspector?
4. What is your refund of fee policy?

Other requirements:

1. For-profit providers must furnish evidence that they are a fiscally responsible, legitimate organization.
2. Student attendance will be verified.
3. Detailed records of attendance and course completion must be maintained by the provider for 2 years and copies provided to the Board upon request.

Printed name of principal officer of Provider Firm/Organization: \_\_\_\_\_

\_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Date Signed: \_\_\_\_\_

### This section for Board use only:

Approved: \_\_\_\_ Disapproved: \_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Number: \_\_\_\_\_ (Note: Approval expires two years after the date of approval.)

Comments: