



Arkansas Home Inspector Registration Board

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

Attestation of Abstinence from the Practice of Home Inspection

Name (Print): _____ Home Inspector's number: _____

Address: _____:

City: _____ State: _____ Zip Code: _____

Telephone Number: (_____) _____

I hereby attest that I have not conducted any home inspections for compensation in the state of Arkansas from the dates
of _____ to _____.
Date of Expiration of Previous Liability Insurance Policy Date Notified By Board of Receipt of Current Certificate of Insurance)

(Signature of Inspector) Date: _____

AFFIDAVIT:

Apply seal below

State of _____ County of _____

Subscribed and sworn to before me, a Notary Public, this _____ day

of _____, _____. My commission expires: _____

Signature of Notary Public: _____

THIS COMPLETED FORM MUST BE MAILED TO THE BOARD AT THE ADDRESS ABOVE OR DELIVERED IN PERSON
to: 900 W. Capitol, Ste. 4111; Little Rock, AR 72201 before the suspended inspector will be removed from
Suspended Status.

FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED