



# Arkansas Home Inspector Registration Board

900 W. Capitol Ave, Ste. 400  
Little Rock, AR 72201  
(501) 683-3710

EMAIL: [ahib@arkansas.gov](mailto:ahib@arkansas.gov) WEBSITE: [www.ahirb.org](http://www.ahirb.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 to Date Notified by Board of Receipt of Current Certificate of Insurance  
OR Date your license was no longer current to Date your license was Reinstated by the Board

\_\_\_\_\_  
(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 FORM SHOULD BE COMPLETED FOR EITHER OF THE FOLLOWING REASONS:

1. If your license has been suspended due to expired insurance, complete this form and include your current certificate of insurance. If there are no gaps in coverage between your expired insurance and your current insurance, your license will be removed from Suspended status.
2. If you are renewing your license late and your license is not in Good Standing for any length of time, this form has to show the first date that you were without a current license and the date your license will be reinstated to Good Standing.

THIS ORIGINAL FORM MUST BE MAILED, OVERNIGHTED OR DELIVERED IN PERSON TO THE ADDRESS LISTED BELOW:

AHIB  
900 W. Capitol Ave, Ste. 400  
Little Rock, AR 72201

**FAXED OR EMAILED COPIES WILL NOT BE ACCEPTED**