Arkansas Home Inspector Registration Board

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

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Date your license was no longer current              to   Date your license was Reinstated by the Board

________________________________________________________ Date: __________________________

(Signature of Inspector)

AFFIDAVIT:

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

AHIB Form A-A.1 – Revised March 2022