

## **Arkansas Home Inspector Registration Board**

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

EMAIL: ahib@arkansas.gov WEBSITE: www.ahirb.org

## **Application for Renewal of an Approved Pre-Registration Education**

Complete all items and mail to the address above with the initial qualifying fee of \$100.00 (for one year) or \$200.00 (for two years). (If an item does not apply, enter "N/A".) See Section 700 of the *Rules and Procedures of the Arkansas Home Inspector Registration Board* (Link: <a href="http://www.labor.arkansas.gov/wp-content/uploads/2015Rules.pdf">http://www.labor.arkansas.gov/wp-content/uploads/2015Rules.pdf</a>)

Course Provider or Sponso			
Address	City	State	Zip Code
Telephone ()	Email address	Internet site URL:	
Point of Contact	Telepone ()_	Email	
Course Title:	Previous Approval Number:		
Number of CEC hours	Proposed presentation site:		
Dates training will be offere	ed:		
Total Student fee for this o	ffering \$Does this fee include	e items other than instruction? _	Handouts,Books
Video tapes, Audio	tapes or CDs,Tools. Attach a com	nplete description of these items	<u>&amp;/or</u> include samples.
Attach:			
e.g.: 5,000 home inspection instructor.	or which provide teaching experience and ns during a 20-year practice, master's deg	ree in building science, etc.) and his,	
3) An advertising plan and cop	CEC hours, submit a brochure which fully pies of all advertising materials to be used	d.	
	on certificate or other document that con st be submitted and include in detail the c		letion of training.
2) What are the instructional	student's successful completion of this o goals of this offering? It to an Arkansas home inspector?	offering? If partial credit is offered, v	vhat criterions are applied
2) Student attendance will be	urnish evidence that they are a fiscally resource to the verified at intervals of no greater than 2 ance and course completion must be main	hours.	and copies provided to the
Printed name of principal of	officer of Provider Firm/Organization:		
Signature:		Title:	
Phone number:	Email address:		
Date Signed:			
This section for Board use	only:		
Approved: Disapprov	/ed:By:	[	Date:
(Note: App AHIB Form PR-2R	proval expires one or two years after	the date of approval, depending	g on fee paid.)  Rev April 2022