



# Arkansas Home Inspector Registration Board

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EMAIL: [info@ahib.org](mailto:info@ahib.org) WEBSITE: [www.ahib.org](http://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 121 Ridgeway Dr., Little Rock, AR 72205 before the suspended inspector will be removed from Suspended Status.

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