

LOUISIANA STATE BOARD OF HOME INSPECTORS

LICENSE APPLICATION INSTRUCTIONS

In order to be an approved in-field training provider, you must meet the following criteria:

- 1) you must be a home inspector licensed in this State;
- 2) you must have a minimum of 3 years of experience as a home inspector; and
- 3) your LSBHI license must be in good standing, and you must have had no disciplinary actions taken against you with Board.

FILL IN YOUR LSBHI LICENSE NUMBER AND EXPIRATION DATE. Your Home Inspector's License must be current and in good standing in order to be approved as an in-field training provider.

Box I. PERSONAL INFORMATION:

Fill in all personal information. Licenses are only issued to individuals and not to companies or corporation(s).

Box II. BUSINESS/EMPLOYMENT INFORMATION:

Fill in all business/employment information.

Box III. PROFESSIONAL/CLIENT REFERENCES:

List the names, addresses and telephone numbers of three (3) CLIENT references which the LSBHI may contact regarding your professional practices. These must be clients for whom you have performed a complete home inspection, pursuant to your home inspector's license, within the last six (6) months.

Box IV. APPLICATION FEE:

There is a \$200 application fee to be approved as an in-field training provider. You should also be aware that there is a maximum annual renewal fee of \$200 for in-field training providers.

Mail the completed application and the \$200 application fee (check or money order only, NO CASH) made payable to:

LOUISIANA STATE BOARD OF HOME INSPECTORS
4664 Jamestown Ave., Suite 220
Baton Rouge, Louisiana 70808

Box V. CERTIFICATION OF APPLICANT

Read the certification. Sign the certification in the presence of a Notary Public and have your signature notarized.

Application for Approval as In-Field Training Provider

LOUISIANA STATE BOARD of HOME INSPECTORS

4664 Jamestown Ave., Suite 220
Baton Rouge, Louisiana 70808
Phone: (225) 248-1334 Facsimile: (225) 248-1335
Toll Free: (866) 244-1334

[Official use only: Approval # _____]

Please type or print all information.

LSBHI LICENSE NUMBER: _____ **Expiration Date:** _____

I. PERSONAL INFORMATION:

Name: _____
Last Name First Name M.I.

Home Address: _____
Street or P.O. Box City State Zip Code

Home Phone: (____) _____ e-mail: _____

II. BUSINESS/EMPLOYMENT INFORMATION:

Name of business/employer: _____

Business Address: _____
Street or P.O. Box City State Zip Code

Business Phone: (____) _____ Facsimile: (____) _____

Date you began performing inspections: _____

Estimated number of complete home inspection performed by you to date of this application:

_____ LESS THAN 100 _____ 100-250 _____ 251-500 _____ 501-1000 _____ MORE THAN 1000

III. PROFESSIONAL/CLIENT REFERENCES:

Provide the names, addresses and telephone numbers of three **CLIENTS** for whom you have performed a home inspection within the last six months and whom the LSBHI can contact to verify your professionalism and professional integrity.

The persons provided may not be related to you by blood or marriage; may not be in business with you; and must be able to attest to your good moral character and your reputation for honesty, truthfulness, and integrity.

| | | |
|----|---------------------------------|---------------------------------------|
| 1) | Printed name of Reference _____ | Street or P.O. Box _____ |
| | | City _____ State _____ Zip Code _____ |
| | | () _____ |
| | | Telephone number _____ |
| 2) | Printed name of Reference _____ | Street or P.O. Box _____ |
| | | City _____ State _____ Zip Code _____ |
| | | () _____ |
| | | Telephone number _____ |
| 3) | Printed name of Reference _____ | Street or P.O. Box _____ |
| | | City _____ State _____ Zip Code _____ |
| | | () _____ |
| | | Telephone number _____ |

IV. APPLICATION FEE:

The application fee to be an in-field training provider is \$200 and this fee must be remitted with this application. The fee is non-refundable.

The application fee is payable only by check or money order made payable to the Louisiana State Board of Home Inspectors. Do not send cash.

Mail the completed application and the application fee to the following address:

Louisiana State Board of Home Inspectors
4664 Jamestown Ave., Suite 220
Baton Rouge, Louisiana 70808

V. CERTIFICATION OF APPLICANT:

I, the undersigned, in making this application to the Louisiana State Board of Home Inspectors to be a Board approved in-field training provider under the provisions of the Revised Statutes of Louisiana, swear and affirm that:

I am the applicant herein;

I am a home inspector currently licensed in the State of Louisiana;

All of the information provided herein is true and correct to the best of my knowledge and belief;

I understand that any omission, inaccuracy, or incomplete disclosure may be deemed sufficient reason to deny approval or to withhold renewal of my in-field training license; and could result in the suspension or revocation of my in-field trainer license by the Board;

I have read and subscribe to the Standards of Practice and the Code of Ethics of the Louisiana State Board of Home Inspectors, and agree that a violation of any of these rules by me is justifiable cause for revocation of both my home inspector licensed and in-field trainer license.

I further authorize all law enforcement agencies and officials thereof to release to the Louisiana State Board of Home Inspectors any criminal history record or information pertaining to me.

Signature of Applicant

Date

NOTARY PUBLIC

Parish/County of _____

State: _____

Sworn to and subscribed before me this _____ day of _____, 20____. (AFFIX
SEAL)

Printed Name of Notary Public

Signature of Notary Public
My Commission Expires _____