

Month: _____, 201__

Inspection Reporting Form For the LOUISIANA STATE BOARD OF HOME INSPECTORS

License Number: _____

Inspector's Name: _____

Company/Employer's Name: _____

Date of Inspection:	Address of Inspection:
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(***) Attach additional reporting forms as necessary)

Number of Inspections Completed: _____ x \$5 fee = \$ _____ *

*Please make check in this amount payable to the Louisiana State Board of Home Inspectors.
 **Remit checks only. Do not send cash.
 Remit this form and payment to 5211 Essen Lane Suite 9, Baton Rouge, LA 70809.
 *All fees are due by the 1st of the month, anything post marked after the 15th will be considered late.
 *There is a late fine of \$25.00 plus an additional \$5.00 per inspection if your monthly reporting is late (Totaling \$10 per inspection).