Inspection Reporting Form For the LOUISIANA STATE BOARD OF HOME INSPECTORS

License Number:			
Inspector's Name:			
Company/Emp	oloyer'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 = \$ _____*

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).

^{*}Please make check in this amount payable to the Louisiana State Board of Home Inspectors.

**Remit checks only. Do not send cash.