



Application for Renewal as a Continuing Education Provider

Please type or print all information

Name of CE Provider: _____

Contact Name: _____

Address: _____

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

Email: _____

Website Address: _____

Signature of applicant _____ Date _____

*The renewal fee to be continuing education 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. Applications and fees are due by December 31st each year.*

Mail the completed application, renewal fee and hold harmless agreement to the LSBHI at the following address:

LOUISIANA STATE BOARD OF HOME INSPECTORS
5211 Essen Lane Suite 9
Baton Rouge, Louisiana 70809
Phone: 225-248-1334 Fax: 225-248-1335
LSBHI@lsbhi.la.gov

**LOUISIANA STATE BOARD OF HOME INSPECTORS
CONTINUING EDUCATION TRAINING PROVIDER
HOLD HARMLESS AGREEMENT**

I, _____, on behalf of
_____(Provider), do hereby agree to defend,
indemnify and hold forever harmless the Louisiana State Board of Home Inspectors, its Board members,
officers, employees and agents (collectively the "Board") of and from any and all claims that may be
made for damages, losses or expenses allegedly sustained as a result of the negligent or intentional acts
or omissions of the Education Provider, its methods and/or its instructors, whether such claim is made
by way of direct action, indemnity, contribution, subrogation, third party demand, or otherwise.

Executed this _____ day of _____, 20_____.

Signature

Print Name

Title