

## Application for Renewal as an In-field Training Provider

Please type or print all information	
License Number	Expiration Date:
Name:	
Address:	
Phone: ()	Facsimile: ()
Email:	
Please select all that apply: As an In-field Training Provider, I provide:	Live In-field Training Platform Training
Signature of applicant	Date
	provider is \$100 and this fee must be remitted with this application fee is payable only by check or money Board of Home Inspectors.

Mail the completed application, renewal fee, list of applicants trained 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

## **LIST OF APPLICANTS TRAINED:**

Please provide the following information for all applicants to whom you provided in-field training during the last year of your In-Field Training License:

Name	Telephone Number	No. of Hours Trained

## LOUISIANA STATE BOARD OF HOME INSPECTORS IN-FIELD TRAINING PROVIDER HOLD HARMLESS AGREEMENT

l,	I,, on behalf of		
		(Provider), do hereby agree to defend,	
indemnify and hold forever	harmless the Louisiana	a State Board of Home Inspectors, its Board members,	
officers, employees and age	ents (collectively the "B	oard") of and from any and all claims that may be	
made for damages, losses o	r expenses allegedly su	ustained as a result of the negligent or intentional acts	
or omissions of the Education	on Provider, its method	ds and/or its instructors, whether such claim is made	
by way of direct action, inde	emnity, contribution, so	ubrogation, third party demand, or otherwise.	
Executed this	day of	, 20	
		Signature	
		Print Name	
		Title	