

**LOUISIANA STATE BOARD OF HOME INSPECTORS
EDUCATIONAL PROVIDER
NEW TRAINEE REGISTRATION FORM**

(must be submitted to LSBHI within 10 days of commencement of training)

**THE FOLLOWING TRAINEE HAS REGISTERED TO ATTEND HOME
INSPECTION TRAINING AT _____.
INSTRUCTION FOR THIS TRAINEE COMMENCED/WILL COMMENCE ON THE
_____ DAY OF _____, 20_____.**

TRAINEE INFORMATION

NAME _____
ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
TELEPHONE (HOME) (____) _____ **(MOBILE)** (____) _____
FAX (____) _____ **EMAIL** _____

Signature of Certified Training Instructor

Print Name