



KENTUCKY BOARD OF HOME INSPECTORS

656 Chamberlin Avenue, Suite B

Frankfort, Kentucky 40601

(502) 564-7760

<http://bhi.ky.gov>

KBHI-4

APPLICATION FOR CONTINUING EDUCATION COURSE PROVIDER

This application shall be submitted to the Kentucky Board of Home Inspectors with a nonrefundable \$500 application fee at the address listed above. The fee must be paid by check or money order made payable to the **Kentucky State Treasurer**.

APPLICANT INFORMATION			
Name of Provider		Primary Contact	
Street Address			
City	State	Zip Code	Telephone
Email Address		Website Address	

APPLICANT AFFIRMATION AND AUTHORIZATION FOR RELEASE OF INFORMATION	
<p>I hereby swear or affirm, under the penalty of perjury, that the statements made in this application are true, complete and correct. I further authorize the Kentucky Board of Home Inspectors to investigate and confirm the information submitted in this application.</p> <p>I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Board of Home Inspectors, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.</p> <p>I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.</p> <p>I further authorize the Kentucky Board of Home Inspectors to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representatives, from any and all liability in connection with such disclosures.</p> <p>I also agree to periodic monitoring of our programs at the discretion of the Kentucky Board of Home Inspectors.</p> <p>I also acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.</p> <p>A copy of this affirmation and authorization for release of information has the same force and effect as the original.</p>	
Signature of Applicant	Date