Month: _____, 200___

Inspection Reporting Form

for the

LOUISIANA STATE BOARD OF HOME INSPECTORS

License Number: _____

Inspector's Name: _____

Company/Employer's Name: _____

Date of Inspection:	Address of Inspection:

(*** Attach additional reporting forms as necessary)

Number of Inspections Completed: _____ x $5 fee = $ _____*

*Please make check in this amount payable to the Louisiana State Board of Home Inspectors.
**Remit checks only. Do not send cash.
Remit this form and payment to 4664 Jamestown Ave., Suite 220, Baton Rouge, LA 70808.