

HOME INSPECTOR DIVISION

Construction Industries Board

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Telephone: (405) 521-6550 Fax: (405) 521-6525

<http://ok.gov/cib/>

**PROVIDER AND INSTRUCTOR RENEWAL
OR CHANGE OF INFORMATION FORM**

Renewal (No Fee Required):____ Information Change (No Fee Required):____

Provider:_____

Contact Person:_____

Title:_____ Telephone:(____) _____ - _____

Provider Number:_____ Email:_____

Address:_____

City, State, Zip:_____

Instructor:_____

Address:_____

City, State, Zip:_____

Email:_____

Instructor Number:_____ Telephone(____) _____ - _____

Course Number:_____ Most recent date taught:_____

"I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT I WILL COMPLY WITH THE HOME INSPECTION LICENSING ACT (59 O.S. § 858-621, *ET SEQ.*) AND THE HOME INSPECTION INDUSTRY REGULATIONS (OAC 158:70) IN ALL ACTIVITIES CONDUCTED UNDER THE APPROVAL GRANTED BY THE COMMITTEE OF HOME INSPECTOR EXAMINERS.

Authorized Instructor *Date*

Authorized Provider Representative *Date*