

**HOME INSPECTION BOARD
Construction Industries Board**

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**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 ACT AND THE RULES OF THE HOME INSPECTION BOARD IN ALL ACTIVITIES CONDUCTED UNDER THE APPROVAL GRANTED BY THE HOME INSPECTION BOARD

Authorized Instructor *Date*

Authorized Provider Representative *Date*