

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Section 207 requires that HUD-licensed installers apply for an initial or renewed installation license by submitting certain information as required by the Regulations. The information collected here will be used to evaluate applicants and issue or deny licensure based on the information provided. Public reporting burden for this collection is estimated to average 2.5 hours per response including the time for reviewing the instructions, gathering and maintaining the data as needed, and completing and reviewing the collection of information. Response to the information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Date of Application (mm/dd/yyyy)	Application (please check one): <input type="checkbox"/> Initial License Application <input type="checkbox"/> License Renewal Application	If renewal, provide HUD-license number and expiration date
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**Section 1 - Applicant Personal Information**

To be completed by all applicants

Legal Name of Applicant (Last, First, Middle Initial)			
Street Address (P.O. Box is not acceptable)	City	State	Zip Code
Home Phone Number with area code			

**Section 2 - Applicant Business Information**

To be completed by all applicants

Name of Business Affiliation			
Street Address (P.O. Box is not acceptable)	City	State	Zip Code
Business Phone Number with area code (###.###.####)			

**Section 3 - Required Training for Initial License or Continuing Education for License Renewal**

To be completed by all applicants (use additional sheets as necessary)

Name of HUD-Registered Trainer or Provider of Continuing Education	Brief Description of course content	Date of Training or Continuing Education	Hours Completed (attach completion certificates for all courses)

## Section 4 - Successful Completion of HUD-administered or HUD-approved Installer Test

To be completed by applicants for initial license only

Date of Test (mm/dd/yyyy)	Test Administrator	Test Location (City, State)	Test Score (attach copy of test score record)

## Section 5 - Proof of Surety Bond or Insurance

To be completed by all applicants

Name of Insured Person/Company	Insurance Carrier	Policy/Binder Number	Amount Covered	Policy Expiration Date (mm/dd/yyyy)

## Section 6 - Required Experience

To be completed by all applicants

If the applicant retains State certification(s) or license(s) to perform installation work in a State with a qualifying program, please check here to request a waiver for proof of experience requirements and provide a copy of the current State certification(s) or license(s).

Waiver Requested (proceed to Section 7))

Areas of Experience (check all that apply)

- 1,800 hours of manufactured home installation     
  3,600 hours of manufactured home construction     
  1 year of college education per §3286.205  
 1,800 hours of installation inspection work     
  3,600 hours of building construction supervision     
  Combination totalling 3,600 hours

Verification of Required Experience (please check one)

- By checking this box, I self certify that my experience meets the minimum requirements indicated above.  
 I am attaching statements of experience verification by past and/or present employers demonstrating experience in the areas indicated above.

## Section 7 - Other Installation Certifications or Licenses

To be completed by all applicants (please check one)

I DO NOT retain State certification or license to perform installation work (Proceed to Section

I DO retain State certification(s) or license(s) to perform installation work (Complete information in the following table)

State Certification/License Information (use additional sheets as necessary)

State of Issuance	License/Certification Number	Current or Expired (check one box)	Suspended, Revoked or Denied (check yes or no)	Explanation if Suspended, Revoked, or Denied
		<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Yes (Provide explanation) <input type="checkbox"/> No	
		<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Yes (Provide explanation) <input type="checkbox"/> No	
		<input type="checkbox"/> Current <input type="checkbox"/> Expired	<input type="checkbox"/> Yes (Provide explanation) <input type="checkbox"/> No	

## Section 8 - Certification of Information Provided in Application

By signing below, I certify that:

The information provided in this application is complete, accurate, and current as of the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year). I understand any license issued for this application is not transferable and is subject to suspension or revocation in accordance with the regulation in 24 CFR part 3286. I agree to submit any changes affecting sections 1, 2, or 5 of this application to HUD within 30 days of a change.

Applicant Signature

Print Name