

**HUD Manufactured Home  
Installation Trainer  
Registration Application**

**U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578  
expires 01/31/2015

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Section 307 require personnel or entities who provide installation training to manufactured home installers to provide qualification information to HUD. The information collected here will be used to register qualified trainers who provide instruction to certify manufactured home installers as appropriate under these regulations. Public record burden for the collection of information is estimated to average 2.0 hours per response including the time to review instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Response to this information 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.

Applicant's Legal Name		Applicant's Mailing Address (P.O. Box not acceptable)	Applicant's Phone Number
Date of Application	Check One Box: <input type="checkbox"/> New Application <input type="checkbox"/> Renewal (Date of Expiration of Current Registration _____)		

**Application by an Entity**

List the names of all trainers to be registered and attach evidence of experience for each if this application is being made in the name of an entity.

_____	_____
_____	_____

**Proof of Experience** (not required for renewal)

**Experience Exemption Request –**

Applicant is licensed or certified as a manufactured home installer trainer in a State with a qualifying installation program?

- No  Yes (Attach the appropriate proof of such license or certification to this application.)

**Prerequisite –**

- 3,600 Hours experience in the following: (Check all appropriate boxes.)
- as a supervisor of manufactured home installations;
  - as a supervisor in the building construction industry;
  - in design work related to the building construction industry; OR
  - completed a 2 year educational program in construction-related field

**Experience verification –** Check one box and attach the appropriate documents to this application

- Statements of experience by past or present employers, OR  
 Self certification statement

**Additional Experience –** Does the applicant have previous experience as a trainer?

- No  
 Yes (Submit dates and type of experience.)

**Revocation, Suspension, or Denial –**

Has a license or certification to perform manufactured home installation training been revoked, suspended or denied in a State with a qualifying installation program for any listed trainers above?  No  Yes

If yes, attach the list of states and an explanation.

**DRAFT**

**Applicant Certification Statement**

By signing this application, the applicant identified here in certifies its belief that all of the requirements of the Manufactured Housing Installation Regulations, 24 CFR Part 3286, have been met, and that training curriculum will be provided in accordance with these regulations.

**HUD Manufactured Home  
Installation Trainer  
Registration Application**

**U.S. Department of Housing and Urban Development  
Office of Manufactured Housing Programs**

OMB Approval No. 2502-0578  
expires 11/30/2014

---

The Manufactured Housing Installation Program Regulations 24 CFR Chapter XX Part 3286 Section 307 require personnel or entities who provide installation training to manufactured home installers to provide qualification information to HUD. The information collected here will be used to register qualified trainers who provide instruction to certify manufactured home installers as appropriate under these regulations. Public record burden for the collection of information is estimated to average 2.0 hours per response including the time to review instructions, search existing data sources, gathering and maintaining the data needed, and completing and reviewing the collected information. Response to this information 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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**DRAFT**