**HUD Manufactured Home Installer License Application** 

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

OMB Approval No. 2502-0578 Expires 07/31/2022

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 2.0 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 required obtaining and retaining installer license. 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	Application (please check one):	<u> </u>	y valid OMB control number.  If renewal, provide HUD-license number and expiration date		
(mm/dd/yyyy)	Initial License Application	License Renewal Application	Il Tollowal, provide 1152 1155	5 Humber and Oxpiration 2212	
	IIIIIIIII LIOOTIOO Appirosso	LIUGIIOG INOITOMAI, APP	<u> </u>		
	plicant Personal Inforn	nation			
To be completed by a Legal Name of Applica	all applicants ant (Last, First, Middle Initial)				
Legal Mains S. A.F	All (Last, Frist, Wilders History				
Applicant Date of Birth	(mm/dd/\/\/\)				
Applicant Date :	1 (IIIII/144/1999)				
Chart Address (D.O. I	- ' · · · · · · · · · · · · · · · · · ·	City	State	Tim Code	
Street Address (P.O. I	3ox is not acceptable)	City	State	Zip Code	
Home Phone Number	with area code Busi	iness Phone Number with area code	de Email Address	<u> </u>	
Section 2 - An	plicant Business Inforr	mation			
To be completed by a	all applicants				
Name of Business Affili			<del></del> _		
	<del></del>				
Street Address (P.O. B	ox is not acceptable)	City	State	Zip Code	
Street Address (P.O. B	ox is not acceptable)	City	State	Zip Code	
·	ox is not acceptable) er with area code (###.###.####)	City	State	Zip Code	
·		City	State	Zip Code	
·		City	State	Zip Code	
Business Phone Numbe	er with area code (###.###.####)				
Business Phone Number  Section 3 - Re		ial License or Continu			
Section 3 - Re To be completed by a Name of HUD-Registe	er with area code (###.###.####)  equired Training for Initial applicants (use additional sheet ered Trainer or   Brief Description of	ial License or Continu	ing Education for L	License Renewal	
Section 3 - Re	er with area code (###.###.####)  equired Training for Initial applicants (use additional sheet ered Trainer or   Brief Description of	ial License or Continu	ing Education for L	icense Renewal	
Section 3 - Re To be completed by a Name of HUD-Registe	er with area code (###.###.####)  equired Training for Initial applicants (use additional sheet ered Trainer or   Brief Description of	ial License or Continu	Date of Training or Continuing	License Renewal  Hours Completed (attach completion	
Section 3 - Re To be completed by a Name of HUD-Registe	er with area code (###.###.####)  equired Training for Initial applicants (use additional sheet ered Trainer or   Brief Description of	ial License or Continu	Date of Training or Continuing	License Renewal  Hours Completed (attach completion	
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Section 3 - Re To be completed by a Name of HUD-Registe	er with area code (###.###.####)  equired Training for Initial applicants (use additional sheet ered Trainer or   Brief Description of	ial License or Continu	Date of Training or Continuing	License Renewal  Hours Completed (attach completion	

To be cor	To be completed by applicants for initial licens							z-appioveu II	proved installer rest	
Date of Test (mm/dd/yyyy) Test Ad		Iministrator			Test Location (City, State)			Test Score (attach copy of test score record)		
<del></del>										
	on 5 - Prompleted by		Surety Bo	nd or Ins	surance	)		'		
Name of Insured Person/Company Insurance Carr		arrier	Policy/Binder Number		Amount Covered Policy Expiration Date (mm/dd/yyyy)					
To be cor	mpleted by licant retains	all applicar State certi	fication(s) or lic	cense(s) to pe				qualifying program, p	lease check here to	
	r Requested (	•		monto una pr	ovide a cop	y or the current otal	o o o i i i i o c	mon(o) or noonoc(o).		
Areas of 1,800 l	Experience hours of manu	(check all turned how	that apply) me installation			anufactured home col		_	ege education per §3286.205 totalling 3,600 hours	
Sectio To be con	on 7 - Otl mpleted by	ner Inst all applicat ate certificati	callation Conts (please choon or license to	Certificati eck one) perform install	ions or			rience in the areas inc	licated above.	
State Co	rtification/	l iconco l	nformation (		-l -l4					
State Ce State of Issuance	License/Ce Number		nformation ( Current or Exp (check one bo	oired		d, Revoked or Denied		Explanation if Suspe	ended, Revoked, or Denied	
			Current	Expired	Yes (F	Provide explanation)	No			
			Current	Expired	Yes (F	Provide explanation)	No			
			Current	Expired	Yes (I	Provide explanation)	No			
By signing of(m regulation in presenting, including f	g, I certify t nonth), n 24 CFR part	hat the infor (year). I ur 3286. I agree a false, fictit	mation provided nderstand any lic to submit any cl ious, or fraudule	in this applicat ense issued for nanges affectin	tion and any a r this applica g sections 1,	tion is not transferable 2, or 5 of t his applicat	ntation is and is sub ion to HUE	oject to suspension or r Dwithin 30 days of a ch	e, and current as of the o evocation in accordance with the ange. I acknowledge that making, /or administrative <u>sanctions.</u>	
Print Nam	е									

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