

PROFESSIONAL REFERENCE

Part of State Form 53858 (R7 / 7-21)

**MANUFACTURED HOME INSTALLERS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 46204
Telephone: (317) 234-3031
E-mail: pla12@pla.in.gov
www.pla.IN.gov

INSTRUCTIONS: All information must be typed or clearly printed.

APPLICANT INFORMATION

The applicant should complete this section, then submit to the individual who is providing a professional reference for further completion. The applicant must make a copy of this page for each individual professional reference.

Name of applicant

Social Security number *

Date of birth (month, day, year)

Residential telephone number
()

I hereby authorize the following professional reference to furnish the Indiana Professional Licensing Agency with the information below.

Signature of applicant

Date (month, day, year)

PROFESSIONAL REFERENCE INFORMATION

The individual who is providing a professional reference should complete this section. Upon completion, please submit the page directly to the Professional Licensing Agency at the above address.

Name of individual providing professional reference

License number (if applicable)

Address of individual providing professional reference (number and street or rural route, city, state, and ZIP code)

Telephone number of individual providing professional reference
()

E-mail address of individual providing professional reference

Please indicate, to the best of your knowledge, the applicant's ability to perform manufactured home installation by checking the appropriate boxes. If you select "Unsatisfactory" for either technical competence or professional conduct, please submit a letter of explanation with this Professional Reference.
NOTE: If you are not a licensed manufactured home installer, you do not need to complete this section.

Technical competence

Excellent Satisfactory Marginal Unsatisfactory Not qualified to answer

Professional conduct

Excellent Satisfactory Marginal Unsatisfactory Not qualified to answer

Please provide any additional details regarding the applicant's professional abilities. If you need additional space, please provide a letter with this Professional Reference.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true

Signature of individual providing professional reference

Date (month, day, year)