



**INDIANA
MANUFACTURED
HOME INSTALLER
LICENSING BOARD**

MANUFACTURED HOME INSTALLER LICENSING PROCEDURES

For all MHI licensees or applicants

Contents

Instructions	2
Quick Steps	2
What Happens Next – Initial applicant.....	3
Frequently Asked Questions Regarding Manufactured Home Installer Licenses	4
Pre-Licensing Information for MHI Applicants	5
Completing the Forms	7
Manufactured Home Installer Application	7
Verification of Supervised Experience Form and Professional Reference Forms	8
Renewal and Reinstatement Information for MHI Licensees.....	9
<i>General Information</i>	9
Form 53858 - Manufactured Home Installers Application – Page 1	12
Form 53858 - Manufactured Home Installers Application – Page 2	13
Form 53858 - Manufactured Home Installers Application – Page 3	14
Your Application Checklist.....	16

NOTICE: This packet incorporates the most recent revisions of statutes and administrative rules governing the manufactured home installer profession, as of January 1, 2012. Note that the statutes and rules incorporated in the packet are not an official version of the Indiana Code. It is distributed as a general guide to individuals in the manufactured home installer profession regulated by the Manufactured Home Installer Licensing Board and the Indiana Professional Licensing Agency. It is not intended to be offered as legal advice, and it may contain typographical errors. The Manufactured Home Installer Licensing Board and the Indiana Professional Licensing Agency are prohibited from providing legal advice on issues contained herein. For legal advice, please consult an attorney. To obtain official copies of the Indiana Code or Indiana Administrative Code, contact your nearest public library or visit the website of the Indiana General Assembly at www.in.gov/legislative.

Instructions

You should use this page if you have not been licensed as a Manufactured Home Installer in the State of Indiana. Renewal and reinstatement information can be found on the FAQ page 3 and page 9.

Quick Steps

1. Forms you must complete:
 - ✓ **MHI Application** - State Form 53858 – 2 pages
 - *Important Notice: Be sure to answer ALL questions. If the question does not pertain to your situation, enter “N/A” or “none” to assure your application is processed quickly.*
2. Forms to submit:
 - ✓ Verification of Supervised Experience – To be completed by your licensed supervisor, notarized, and then submitted directly to the Board.
Or
 - ✓ 3 Professional Reference Forms – To be completed by three (3) different references, two (2) of which must hold active MHI licenses. Out of state licensed references are accepted but must include a copy of their license for verification.
 - ✓ Certificate of Completion from Board approved Pre-Licensure Course.
 - ✓ Proof of Limited Liability Insurance with a minimum of \$100,000 per occurrence.
 - ✓ Proof of out of state licensure (if applicable).
3. Fee: Application fee of \$150 is due with submission of application.
4. Mail: Completed Forms to:

Indiana Professional Licensing Agency
Attn: Indiana Auctioneer Commission
402 West Washington Street, Room W072
Indianapolis, Indiana 46204-2700

What Happens Next – Initial applicant

1. Once you submit your application, a case manager will review your information and course completion certificate. If you have failed to complete the forms properly, you will be contacted by email to remedy the problem.
2. Upon receipt of all necessary information and forms, your case manager will prepare your documents to be reviewed by the Manufactured Home Installer Licensing Board. Your file must be received and completed at least 48 hours prior to the meeting. Once your file is complete, your information will be presented at the Manufactured Home Installer Licensing Board meeting.
 - **2013 Board Meeting Dates:**
 - ✓ **February 26th**
 - ✓ **June 25th**
 - ✓ **October 22nd**
3. Once the Board has made their decision, your case manager will contact you, by email or mail, and notify you of the Board's decision.
 - Approval: If your application has been approved, your case manager will email you an issuance letter and license number.
 - Tabled: If your application has been tabled, you will receive notice in the mail as *the Board may require you to make a personal appearance at the next Board meeting before finalizing the decision on your application.*
 - Denial: If your application has been denied, you will be notified by mail.
4. Please be advised that it is the responsibility of the applicant to ensure the file is complete. Your application will be considered abandoned after one (1) year from the date it was originally received by the Indiana Professional Licensing Agency. If all the requested information has not been received within this one (1) year you must reapply in order to be considered for licensure.
5. Take a few minutes to review the Manufactured Home Installer Licensing Board Statutes and Rules Compilation which can be found here:
[Statutes and Rules](#)



*Download the
Manufactured Home
Installer's Licensing
Board Statutes and
Rules!*

Frequently Asked Questions Regarding Manufactured Home Installer Licenses

Question: *How many years of experience do I need to meet the requirements?*

Answer: At least one (1) year of experience.

Question: *Who can verify my work experience?*

Answer: An **active licensed installer** (can be licensed in any state as long as verification is provided with form) who is familiar with your work OR three (3) professionals familiar with your work of which two (2) individuals are licensed active installers (again, can be licensed in any state as long as verification is provided with form).

Question: *Do you have to go to school to become a Manufactured Home Installer?*

Answer: Yes, a pre-licensing course with an approved provider must be completed before licensure can be granted. You can find the pre-licensing course information on Page 4 of this packet.

Question: *How often do I need to renew my license and what is the fee?*

Answer: Your license as a Manufactured Home Installer has a period of four (4) years. The expiration date is January 1 every four (4) years on the odd year (ie: 2017, 2021, etc.). Currently, the renewal fee is \$50.00.

Question: *Is there a late fee if my renewal is received after January 1 of the expiration year?*

Answer: Yes. For any renewal application received after January 1 of the expiration year, a restoration fee of \$50 is added, making your overall fee for a late renewal of \$100.00.

Question: *When does the Board meet and how do I know if the application I submitted will be presented to them for a decision?*

Answer: The Board meeting dates can be found in this packet on Page 2 or on our site on the Board Meeting Dates page. If an application is submitted, a case manager will contact you with a status letter requiring any missing information or documentation. If your application is ready to be presented to the Board you will be notified.

Question: *Do I have to give my Social Security Number on the application?*

Answer: Yes. Your Social Security Number is required under IC 4-1-8-1. All other fields must be completed. If a field does not apply to you, please write "not applicable" or "N/A."

Question: *What is the CE requirement if I choose to renew active?*

Answer: The CE requirement for an active license is 10 hours.

Question: *How do I report my CE?*

Answer: When you complete your renewal form, you are affirming that you have fulfilled the requirements as specified in 879 IAC 1-8. If you are selected in a random audit conducted by the Board, you will be notified and are required to submit documentation at that time.

Question: *How do I activate my inactive license?*

Answer: Apply to the Board and submit proof of 10 hours of continuing education taken within the four year period preceding the date of the reactivation application is filed. The CE hours used to activate a license CANNOT be used for the current renewal period. Once you are activated, dependent upon the date within the current renewal period, you may have prorated CE hours to obtain as per the following CE schedule:

Date of Issuance or Activation	Hours Required to Renew
During the first year	10
During the second year	8
During the third year	6
During the fourth year	4



Pre-Licensing Information for MHI Applicants

General Requirements

Applicants for licensure as a manufactured home installer must meet the following general requirements:

- Be at least eighteen (18) years of age
- Provide documentation of successful completion of the board approved installation training courses
- Have verified documentation of at least one (1) year of experience installing manufactured homes
- Have not been convicted of an act that would constitute a ground for disciplinary action in this or another state in connection with the installation of manufactured homes

Training Course Requirements

Applicants for licensure as a manufactured home installer must meet the following training course requirements:

- Successfully complete eight (8) hours of total classroom instruction by an approved provider. These hours should consist of:
 - A minimum of two (2) hours of classroom instruction in the following:
 - IC 25-23.7, Indiana manufactured home installer's act
 - IC 25-1-11, professional licensing standards of practice
 - 675 IAC 14, Indiana residential code, as adopted by the fire prevention and building safety commission
 - 410 IAC 6-6. mobile home park sanitation and safety, as adopted by the Indiana State Department of Health
 - Applicable federal and Indiana statutes, rules, and regulations governing manufactured home installation.
 - A minimum of one-half (1/2) hour in professional ethics
 - A minimum of two (2) hours in installation manual in the following subject areas:
 - Manufacturer's installation manuals and requirements
 - Preparation of manufactured housing sites
 - Installation of foundation systems
 - A minimum of two (2) hours in safety in the following subject areas:
 - Blocking, perimeter support, and leveling of manufactured homes
 - Structural connections of sections and major components
 - Installation of anchoring systems and components
 - Installation of vapor barriers, curtain walls, access, and ventilation for crawlspace areas
 - A minimum of one-half (1/2) hour in utility connections between sections in the following subject areas:
 - Electrical connections between sections
 - Plumbing connections between sections
 - Mechanical equipment connections between sections
 - Gas equipment and appliance connections within the home
 - Connections of vents, ducts, carpet, and other nonstructural components



The educational topics listed are minimums for each topic. Additional classroom time, over and above those listed above, shall be detailed within the educational outline information and is to be in areas relating to the installation of manufactured homes.

Approved Provider	License Number
Indiana Manufactured Housing Association	CE10600353
James K. Keller	CE21000939
Tyson Marketing	CE21100021

Contact information can be found by utilizing the [search and verify](#) option on our website--enter the license number in the appropriate box. The Board does not maintain a course schedule for any provider. Please contact the provider for course offerings and other information.

Proof of completion of the pre-licensing course must accompany the application.

Insurance Requirement

- Submit proof of insurance issued by an insurance company authorized to transact business in Indiana showing that the applicant, either directly or through the applicants employer, is covered by a policy of general liability insurance with products/completed operations coverage in the minimum amount of one hundred thousand dollars (\$100,000) per occurrence, one million dollars (\$1,000,000) aggregate.

OR

- Post with the board a surety bond that:
 - Names the applicant as the principal
 - Obligates the surety in the amount of one hundred thousand dollars (\$100,000) to the board in favor of the state
 - Requires the principal , if granted a license, to install manufactured homes in conformance with the manufacturer's installation manual and to observe all applicable federal, state, and local statutes and regulations
 - Authorizes the board to declare the bond in default and to levy against the surety and the principal under the bond for the payment of actual damages to any person who is harmed as a result of the principal's violation of the requirements

The license fee schedule is as follows:

Description	Fee	Authorization
A. Issuance	\$150.00	879 IAC 1-4-1(a)(1)
B. Renewal	\$50.00	879 IAC 1-4-1(a)(2)
C. Restoration Fee plus renewal fee	\$50.00	879 IAC 1-4-1(a)(3)
Duplicate Pocketcard: mylicense.in.gov/egov	\$10.00	879 IAC 1-4-1(a)(5)
Certification of License: search and verify	\$10.00	879 IAC 1-4-1(a)(6)

Completing the Forms

- These forms cannot be completed online.
- You may use the **Auto Fill Feature** within this PDF to assure that your information is easy to read. The auto fill feature allows you to click onto the spaces that need filled in and type the information. Once completed, you can print and sign.
- If you choose to download the form and complete, be sure that you print clearly.

Manufactured Home Installer Application – State Form 53858 – 2 pages

Page 1

You must complete this form in its entirety.

Section – ***Applicant Information***

- ✓ Be sure to insert information in all blank areas. If it does not apply, insert “None” or “N/A”
- ✓ You must have a Social Security number to obtain a license in Indiana.

Section – ***Pre-Licensing Course Information***

- ✓ Complete with all information which coincides with the submitted documentation.

Section – ***Insurance/Surety Bond***

- ✓ Complete with all information which coincides with the submitted documentation.
 - The documentation itself must include your name either in the insured or description box.

Section – ***Supervised Experience Information***

- ✓ This section does not need to be completed if you are utilizing the professional references option.

Page 2

Section – ***Professional Reference Information***

- ✓ This section does not need to be completed if you are utilizing the supervised experience option.

Section – ***Other State Licensure/Certification/Registration/Permit***

- ✓ Complete this section only if applicable.

Section – ***Criminal History & License Disciplinary Information***

- ✓ Answer all questions.
- ✓ If you have any convictions, you must supply the supporting legal documentations regarding the conviction(s).

Section – ***Applicant Affirmation***

- ✓ Sign and Date.

Section – ***Authorization for the Release of Information***

- ✓ Read carefully.

Section – ***Affirmation***

- ✓ Sign and Date.

Section – ***Certification of Notary Public***

- ✓ Complete this section in the presence of a notary to be notarized.



Verification of Supervised Experience Form and Professional Reference Forms

As per IC 25-23.7-5-2(1)(D) an applicant for MHI licensure must have at least one (1) year of experience and installing manufactured homes under the direction and supervision of a licensed installer; or three (3) professional references, two (2) of whom are licensed installers familiar with the individual's work experience and competency.

Both Forms include 3 parts:

Section – ***Applicant Information***

- ✓ To be completed by the applicant

Section – ***Supervisor OR Professional Reference Information***

- ✓ To be completed by the person verifying the applicant's experience.
 - Must include detail of the work performed in the provided space.
 - This section CANNOT be completed by the applicant.

Section – ***Certification of Notary Public***

- ✓ To be completed by the person verifying the applicant's experience in the presence of a Notary Public and notarized.



Renewal and Reinstatement Information for MHI Licensees

General Information

- All MHI licenses have a license period of four (4) years which expire January 1st of every other odd year starting 2013 which continue: 2017, 2021, etc.
- All MHI licensees will receive notification of an upcoming renewal within 60 days prior to the expiration date as per IC 25-1-2-6(c).
 - If you have an email address on file with the Board your notification will be sent via email.
 - If you do not have an email address on file with the Board, your notification will be sent to the via United States mail to the mailing address on file.
 - Please note: it is the licensee's responsibility to ensure the contact information on filed with the Board is correct.

Renewal of a Manufactured Home Installer license as per 879 IAC 1-7-1 (ACTIVE STATUS)

The Manufactured Home Installer licensee must do the following:

- ✓ Payment of the fee required for renewal - \$50.00
- ✓ Complete an application for renewal on a form provided by the board.
- ✓ Complete the required continuing education required by 879 IAC 1-8
- ✓ Submit proof of insurance coverage with a minimum of \$100,000 in covered as (required by 879 IAC 1-5)
- ✓ Sign a statement under penalty of perjury that
 - The hours submitted are correct
 - The licensee attended and completed the courses taken; and
 - To the best of the licensee's knowledge, the courses completed meet the requirements of 879 IAC 1-8 (see the States and Rules for the specific topics to be covered)

Renewal of Manufactured Home Installer license as per 879 IAC 1-8-8 (INACTIVE STATUS)

Manufactured Home Installers may apply to the Board to renew their licenses in an inactive status. No continuing education is required to renew inactive. An inactive manufactured home installer may not practice manufactured home installation or approve the installation work of another person while in an inactive status.

Reactivation of an Inactive License as per 879 IAC 1-8-9 (REACTIVATION OF INACTIVE)

To reactivate an inactive license, a manufactured home installer must apply to the Board for the reactivation on the application form supplied by the board. The licensee must provide documentation as proof of obtaining ten (10) hours of continuing education within the four (4) year period immediately before the date the reactivation application is filed. The continuing education must be obtained by a Board approved Course Provider as found on our website or listed below:



Continuing Education Providers

Indiana Manufactured Housing Association	CE10700587
Tyson Marketing	CE21100037

The Indiana Manufactured Home Installer Licensing Board does not have a schedule of course offerings from any provider. Please contact the provider directly for a course schedule and with any other questions. Use the [search and verify](#) page of our website to access the contact information for a provider.

Reinstatement of an expired or lapsed license as per 879 IAC 1-8-10 (REINSTATEMENT OF EXPIRED LIC.)

An individual whose license has expired or lapsed and wishes to reenter the practice of manufactured home installation must file an application to renew the expired or lapsed license. The application shall include:

- ✓ Payment of the fee required to renew and restore - \$100.00
- ✓ Evidence of completion of ten (10) hours of continuing education prior to filing the application
 - Must have been obtained no earlier than four (4) years prior to the date on application
 - Meet the requirements in this rule
- ✓ CE obtained by the licensee to renew an expired license or lapsed license under this section cannot be double counted by also using them for credit in the renewal period in progress.



Your Resources

Manufactured Home Installers Licensing Board

Website: in.gov/pla/mfghome.htm

Email: pla11@pla.in.gov

Phone: (317) 234-3040

Mail: Indiana Professional Licensing Agency
Attn: Manufactured Home Installers Licensing Board
402 West Washington Street, Room W072
Indianapolis, IN 46204

Statutes and Rules: http://www.in.gov/pla/files/MHILB.2012_EDITION.pdf



APPLICATION FOR LICENSURE AS A MANUFACTURED HOME INSTALLER

State Form 53858 (R / 9-12)

Approved by State Board of Accounts, 2012

MANUFACTURED HOME INSTALLERS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY
 402 West Washington Street, Room W072
 Indianapolis, Indiana 46204
 Telephone: (317) 234-3040
 E-mail: pla11@pla.IN.gov

INSTRUCTIONS: All information must be typed or clearly printed.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory, and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSE ISSUED (month, day, year)	
LICENSE OBTAINED BY	

Please attach one (1)
 passport quality
 photograph here.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION	
Name (last, first, middle, maiden or previous)	Social Security number *
Address (number and street or rural route, city, state, and ZIP code)	
Date of birth (month, day, year)	Place of birth
Residential telephone number ()	E-mail address

PRE-LICENSING COURSE INFORMATION	
<i>Applicants must attach an original or notarized copy of their certificate of course completion.</i>	
Have you completed a Board-approved pre-licensing course?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please provide the information below.</i>
Name of Board-approved course provider	Date course completed (month, day, year)
Location (city and state)	Indiana course provider registration number

INSURANCE / SURETY BOND INFORMATION	
<i>Applicants must attach an original or notarized copy of their certificate of insurance.</i>	
Name of insurance / surety bond company	Policy number
Telephone number of insurance / surety bond company ()	Amount of coverage
Dates of coverage (month, day, year)	
From	To

SUPERVISED EXPERIENCE INFORMATION		
<i>Please list all places of employment involving home installation which verify one (1) year of supervised experience. In addition to completing this section, applicants must also have each listed supervisor complete the Verification of Supervised Experience page in order to verify experience.</i>		
<i>NOTE: This section does not need to be completed if utilizing the professional references option.</i>		
Name of current employer	Name of supervisor	Dates of employment (month, day, year)
Name of former employer	Name of supervisor	Dates of employment (month, day, year)
Name of former employer	Name of supervisor	Dates of employment (month, day, year)
Name of former employer	Name of supervisor	Dates of employment (month, day, year)

PROFESSIONAL REFERENCE INFORMATION

Please list three (3) professional references that are not related to you. Two (2) of these professional references must be licensed manufactured home installers who are familiar with your work experience and professional competency. In addition to completing this section, applicants must also have each individual professional reference complete the Professional Reference page in order to verify experience.

NOTE: This section does not need to be completed if utilizing the supervised experience option.

FULL NAME	MANUFACTURED HOME INSTALLER LICENSE NUMBER

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board? Yes No

If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	STATUS

CRIMINAL HISTORY & LICENSE DISCIPLINARY INFORMATION

If your answer is "yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date, and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

- 1. Has disciplinary action ever been taken regarding any professional license, certificate, registration or permit you hold or have held? Yes No
- 2. Have you ever been denied a license, certificate, registration or permit to practice or perform any regulated occupation in any state (including Indiana) or country? Yes No
- 3. Have you ever been convicted of, pled guilty or nolo contendere to any offense, misdemeanor or felony in any state? (except for minor violations of traffic laws resulting in fines) Yes No
- 4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? Yes No
- 5. Do you have any condition or impairment (including a history of alcohol or substance abuse) that currently, or if left untreated, may interfere with your ability to practice manufactured home installation in a competent and professional manner? Yes No

APPLICANT AFFIRMATION

I hereby swear or affirm under the penalties of perjury, that the statements made in this application are true, complete and correct.

Signature of applicant	Date signed (month, day, year)
------------------------	--------------------------------

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the Professional Licensing Agency or the Manufactured Home Installers Licensing Board, any files, documents, records or other information pertaining to the undersigned, requested by the Agency, the Board or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Professional Licensing Agency or the Manufactured Home Installers Licensing Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.

A photostatic copy of this authorization has the same force and effect as the original.

AFFIRMATION

I hereby swear or affirm that I have read the above statements and agree to same.

Signature of applicant	Date signed (month, day, year)
------------------------	--------------------------------

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

SS:

SEAL

I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Printed name of applicant	Date subscribed and sworn (month, day, year)	
Signature of notary public	Printed name of notary public	County of residence	Date commission expires (month, day, year)

VERIFICATION OF SUPERVISED EXPERIENCE

Part of State Form 53858 (R / 9-12)

MANUFACTURED HOME INSTALLERS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3040
E-mail: pla11@pla.IN.gov

INSTRUCTIONS: All information must be typed or clearly printed.

APPLICANT INFORMATION

The applicant should complete this section, then submit this page to his/her licensed supervisor for further completion. If more than one (1) licensed supervisor was used to obtain the one (1) year of required experience, then the applicant must make a copy of this page for each licensed supervisor.

Name of applicant		
Social Security number *	Date of birth (month, day, year)	Residential telephone number ()
Name of business (employer)		
Address of business (number and street or rural route, city, state, and ZIP code)		
Name of supervisor	Title of supervisor	
I hereby authorize the above named supervisor to furnish the Indiana Professional Licensing Agency with the information below.		
Signature of applicant		Date (month, day, year)

SUPERVISOR INFORMATION

The applicant's licensed supervisor should complete this section. Upon completion, please have this page notarized and submit the page directly to the Professional Licensing Agency at the above address.

Name of business (employer)		License number of supervisor	
Name of supervisor		Title of supervisor	
Type of employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time	If part time, annual hours worked	Dates of employment (month, day, year) From To	Position held
Quality of work <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Below average <input type="checkbox"/> Poor			
Briefly summarize the work performed by the applicant. ----- ----- -----			

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____	SS:	SEAL
COUNTY OF _____		
I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.		
Signature of supervisor	Printed name of supervisor	Date subscribed and sworn (month, day, year)
Signature of notary public	Printed name of notary public	County of residence
		Date commission expires (month, day, year)

PROFESSIONAL REFERENCE

Part of State Form 53858 (R / 9-12)

**MANUFACTURED HOME INSTALLERS LICENSING BOARD
PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Telephone: (317) 234-3040
E-mail: pla11@pla.IN.gov

INSTRUCTIONS: All information must be typed or clearly printed.

APPLICANT INFORMATION		
<i>The applicant should complete this section, then submit this page 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.</i>		
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	
<i>The individual who is providing a professional reference should complete this section. Upon completion, please have this page notarized and submit the page directly to the Professional Licensing Agency at the above address.</i>	
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
<i>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.</i>	
Technical competence <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not qualified to answer	
Professional conduct <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Marginal <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Not qualified to answer	
<i>Please provide any additional details regarding the applicant's professional abilities. If you need additional space, please provide a letter with this Professional Reference.</i>	
----- ----- ----- -----	

CERTIFICATION OF NOTARY PUBLIC			
STATE OF _____		SS: _____	
COUNTY OF _____		SEAL	
I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.			
Signature of individual providing professional reference		Printed name of individual providing professional reference	Date subscribed and sworn (month, day, year)
Signature of notary public	Printed name of notary public	County of residence	Date commission expires (month, day, year)



Your Application Checklist

- ✓ **Follow** this checklist to help you complete the application process.
- ✓ **Retain** this checklist in your files to help you track your progress.

1. Completed Application:

1. Attached picture (passport quality)
2. Current contact information including full address, email, and telephone number
3. Social Security number
4. Verification of an approved pre-licensing course
5. Insurance information
6. Complete supervised experience section OR professional reference information
7. Other state licenses held (if applicable)
8. Answer all yes/no questions regarding criminal history and license discipline
9. Applicant affirmation signed and dated
10. Applicant affirmation signed and dated
11. Notarized application

2. Supporting Documents:

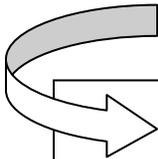
1. Proof of Insurance or Surety bond
2. Pre-Licensing course completion certificate
3. Three notarized professional reference forms
- OR** one verification of supervised experience form

3. Application Fee \$150.00: (Payable to the *Indiana Professional Licensing Agency*)

Check #: _____ Date: _____

4. Mail Application, Supporting Documents and Application Fee to:

Indiana Professional Licensing Agency
Attn: Manufactured Home Installers Licensing Board
402 West Washington Street, Room W072
Indianapolis, IN 46204



Track Your Application

Mailed my application, supporting documents and application fee (date): _____

My application was received (date): _____

Board meeting application review (date): _____

My license number: _____

Expiration date: _____