

# VERIFICATION OF SUPERVISED EXPERIENCE

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 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 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			

## AFFIRMATION

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

Signature of individual providing professional reference	Date (month, day, year)
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# PROFESSIONAL REFERENCE

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## 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)