

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH(334) 242-4036 FAX(334) 240-3178
[.AMHC.ALABAMA.](http://AMHC.ALABAMA)

APPLICATION FOR CERTIFICATE OF TRAINING (Not For Certification)
PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

NAME OF APPLICANT _____

DOB ___/___/___ SOCIAL SECURITY NUMBER ___/___/___ DRIVER'S LICENSE NO. _____

HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____

STREET ADDRESS _____

STREET/ROAD _____ CITY _____ STATE _____ ZIP _____
MAILING ADDRESS _____

AREA CODE & TELEPHONE NUMBER / AREA CODE AND FAX NUMBER _____ COUNTY _____

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION _____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION? _____ IF YES, CERT. NO. _____

Pursuant to the provisions of the Rules and Regulations of the Alabama manufactured Housing Commission, I hereby submit this application for training.

SIGNATURE OF APPLICANT _____ DATE _____

BY PLACING MY SIGNATURE HEREON, I ATTEST THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

I WILL BE WORKING WITH CERTIFIED INSTALLER, NAME _____

CERTIFIED INSTALLER'S CERTIFICATION NUMBER _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____

TRAINEE NUMBER _____ DATE INSTALLER SCHOOL COMPLETED _____

CHECK NUMBER _____ CHECK AMOUNT _____ CHECK DATE _____