

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH(334) 242-4036 FAX(334) 240-3178
WWW.AMHC.ALABAMA.GOV

APPLICATION FOR MANUFACTURED HOME INSTALLER CERTIFICATION / RE-CERTIFICATION / RENEWAL
PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

NAME OF APPLICANT (Person or Company) _____

IF THIS IS A FIRM OR CORP. LIST NAME OF OFFICER TO BE CERTIFIED _____
(SAME AS PRINCIPAL ON BOND)

DOB ___/___/___ SOCIAL SECURITY NUMBER ___/___/___ DRIVER'S LICENSE NUMBER _____

HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____

STREET ADDRESS _____

MAILING ADDRESS _____
STREET / ROAD CITY STATE ZIP

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

DBA (DOING BUSINESS AS) STREET / ROAD & NO. CITY STATE ZIP

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. _____

SURETY BOND COMPANY

SURETY COMPANY PHONE NUMBER BOND AMOUNT BOND NUMBER

GENERAL LIABILITY INSURANCE

MUST INCLUDE COVERAGE FOR PERSONAL PROPERTY OF OTHERS IN INSTALLER'S CARE, CUSTODY OR CONTROL

INSURANCE COMPANY PHONE NUMBER INSURANCE AMOUNT POLICY NUMBER

Pursuant to the provisions of the Rules and Regulations for Installation and Certification, I hereby submit this application for certification. In making this application, I certify that all manufactured homes installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission.

SIGNATURE OF APPLICANT _____ DATE _____

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

AFTER YOUR APPLICATION HAS BEEN REVIEWED, YOU WILL BE NOTIFIED OF THE FIRST AVAILABLE INSTALLER COURSE, IF APPLICABLE.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____

CERTIFICATION NUMBER _____ DATE CERTIFICATION SCHOOL COMPLETED _____