

**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 MODULAR 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 \_\_\_\_\_  
STREET / ROAD CITY STATE ZIP

MAILING ADDRESS \_\_\_\_\_

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 THE INSTALLATION OF MODULAR HOMES OR BUILDINGS \_\_\_\_\_

WERE PREVIOUSLY CERTIFIED BY THIS COMMISSION? \_\_\_\_\_ IF YES, CERT. \_\_\_\_\_

**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 modular homes or buildings 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 \_\_\_\_\_