

## **Application for Manufactured Home Installer Certification Renewal**

Factory Assembled Structures PO Box 44420 Olympia WA 98504-4420 1-800-701-1411 (Option 3) www.Lni.wa.gov

Please	print	clearly	or	type.

☐ Mr. ☐ Mrs. ☐ Ms.  Applicant Name (First, Middle Initial, Last)	
Applicant Harris (First, Middle Hittai, 2001)	Phone Number
Mailing Address	Email Address
City	State Zip Code
3. Certification Information	
Installer Certification Number	Social Security Number
(Required pursuant to RCW 26.23.150 and federal law PL 104	
Completion of continuing education required to renew cer	
Attending continuing education class on:	
Registered to attend continuing education class on:	
I am	ollowing business:
Business Name	Phone Number
Contractor Registration Number (if applicable)	
,,	

Make check or money order payable to: **Department of Labor & Industries** and mail to the address listed above.