Washington State Department of Labor & Industries

Manufactured Home Installer Continuing Education Registration Form

Make check or money order payable to: Department of Labor &

Industries and mail to the address listed on this form.

Factory Assembled Structures PO Box 44420 Olympia WA 98504-4420

1-800-705-1411 (Option 3) www.Lni.wa.gov

Type or print clearly.

Applicant Information

Applicant Name (First, Middle Initial, Last)		Phone Number			
Mailing	Address		Email Address		
City			State	Zip Code	
I am I the owner OR I an employee of the following business:					
Busines	ss Name		Email Address		
Certifica	ation Number (Your installer certifica	tion must be current in order to take this trair	ing)		
	Continuing Education Fee (GL Code 811)		Fee: \$64.10		
	MH Installer Manual on flash drive (GL Code 812)		Fee: \$15.90		
Class Preference					
Indicate which option you would like:					
	Virtual Training	Date:			
	Home Test	Email Address (required):			

Note: Home Tests will be emailed to the address listed. For this to count towards CE credit, a score of 70% or above is needed.

For L&I Use Only		
Payment Received?	Show No Show	
Confirmation Mailed	Certificate Mailed	