



**MANUFACTURED HOME INSTALLER
CONTINUING EDUCATION
REGISTRATION FORM**

Installer Training and Certification Program

1-800-647-0982 Fax: 360-902-5229

www.fas.lni.wa.gov

(Print clearly or type)

NAME (First, Middle Initial, Last) _____
 Mr. _____ Home Phone: _____
 Ms. _____
 Mrs. _____
Mailing Address: _____ (check one)
 Home Business
City _____ State _____ Zip Code _____
Business Name: _____ Phone: _____ Business _____
Applicant is owner employee of this business. E-mail Address: _____
Certification # _____ **(Your installer certification must be current in order to take this training.)**

Class Preference

Indicate your first and second choice for the class location, date, and session you would like to attend.

First Choice: Location _____ Date _____
 Morning Session (8 to Noon) Afternoon Session (1 to 5 p.m.)

Second Choice: Location _____ Date _____
 Morning Session (8 to Noon) Afternoon Session (1 to 5 p.m.)

NOTE: Every effort will be made to place you in the class of your choice. Registrations are accepted on a first-come first-served basis. Early registration will help ensure placement into your preferred class.

Continuing Education Course Fee: \$52.00

*Make check or money order payable to
Department of Labor & Industries and mail to:*

**Department of Labor & Industries
Installer Training and Certification Program
PO Box 44420
Olympia, WA 98504-4420**

OFFICE USE ONLY Location/Date/Session _____
Payment Received _____ Show No Show
Confirmation Mailed _____ Certificate Mailed _____