



Washington State Department of  
**Labor & Industries**

**Installer Training and Certification Program**  
800-647-0982 (Option 5) FAX 360-902-5229  
www.fas.lni.wa.gov

**APPLICATION FOR MANUFACTURED  
HOME INSTALLER**

- TRAINING & CERTIFICATION
- TRAINING ONLY
- TRAINING MANUAL
- RETAKE EXAM & TRAINING
- CERTIFICATION RENEWAL

**(Print clearly or type)**

**1. Type of Application** (Check appropriate box)

<input type="checkbox"/> <b>Training &amp; Certification Exam</b> (manual included) <b>\$260</b>	<input type="checkbox"/> <b>Retake Failed Exam &amp; Training</b> <b>\$39</b>
<input type="checkbox"/> <b>Training Only</b> (manual included) <b>\$130</b>	<input type="checkbox"/> <b>Certification Renewal</b> <b>\$130</b>
<input type="checkbox"/> <b>Training Manual</b> <b>\$13</b>	

**2. Applicant Information** (All applicants must complete)

Applicant Name (First, Middle Initial, Last)  
 Mr  
 Ms \_\_\_\_\_ Phone \_\_\_\_\_  
Mailing  
Address \_\_\_\_\_ E-mail \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**3. Certification Information** (Applicants for certification and certification renewal must complete)

Have you previously been certified to install manufactured homes in Washington State?  Yes  No  
If **yes**, list your certification number: \_\_\_\_\_  
If **no**, list your experience below. (Six months installation experience under direct supervision of certified manufactured home installer or 2 years residential or commercial construction required.)  
I have \_\_\_\_\_ years \_\_\_\_\_ months of installation experience under the direct supervision of a certified manufactured home installer.  
I have \_\_\_\_\_ years \_\_\_\_\_ months of residential or commercial construction experience.  
I am the  owner or an  employee of the following business:  
Business Name: \_\_\_\_\_ Phone \_\_\_\_\_  
Contractor registration number (if applicable): \_\_\_\_\_  
 Driver's License Number or  Government Issue ID Number \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Required pursuant to RCW 26.23.150 and federal law PL 104-193)

**4. Class Preference** (Applicants for training and certification must complete)

Location \_\_\_\_\_ Dates \_\_\_\_\_

**I certify that all information on this application is true and correct to the best of my knowledge.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Make check or money order payable to **Department of Labor & Industries** and mail to:  
Department of Labor & Industries  
Installer Training & Certification Program  
PO Box 44420  
Olympia, WA 98504-4420