Washington State Department of Labor & Industries

Application for Manufactured Home Installer Training and Certification

Factory Assembled Structures
PO Box 44420
Olympia WA 98504-4420

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

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

Type or print clearly.

1. Type of Application (Check the appropriate box)

☐	**Training & Certification Exam** (manual included)	$270.40	☐	**Training Manual on Flash Drive** (GL Code 812)	$13.50
☐	**Training Only** (manual included — GL Code 812)	$135.20	☐	**Retake Failed Exam & Training** (GL Code 817)	$40.50

2. Application Information (All applicants must complete)

☐ Mr. ☐ Mrs. ☐ Ms.

Applicant Name (First, Middle Initial, Last)	Phone Number
Mailing Address	Email Address
City	State Zip Code

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

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 _____ ☐ months ☐ years 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 ☐ an employee of the following business:

Business Name		Phone Number
Contractor Registration Number (if applicable)		
☐ Driver's License Number Or ☐ Gov't Issued 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	Date

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

Printed Name _____ Signature _____ Date _____

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