

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)

<input type="checkbox"/> Training & Certification Exam (manual included)	\$303.00	<input type="checkbox"/> Training Manual on Flash Drive (GL Code 812)	\$15.00
<input type="checkbox"/> Training Only (Includes homeowner manual included — GL Code 812)	\$151.40	<input type="checkbox"/> Retake Failed Exam & Training (GL Code 817)	\$45.30

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?		<input type="checkbox"/> Yes	<input type="checkbox"/> 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.			
<input type="checkbox"/>	I have _____	<input type="checkbox"/> months	<input type="checkbox"/> years of installation experience under the direct supervision of a certified manufactured home installer.
<input type="checkbox"/>	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)			
<input type="checkbox"/> Driver's License Number Or	<input type="checkbox"/> 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
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I certify that all information on this application is true and correct to the best of my knowledge.

Printed Name

Signature

Date