



APPLICATION FOR ACTIVATION OF AN INACTIVE MANUFACTURED HOME INSTALLER LICENSE

State Form 55772 (2-15)

MANUFACTURED HOME INSTALLER LICENSING BOARD PROFESSIONAL LICENSING AGENCY 402 West Washington Street, Room W072 Indianapolis, Indiana 46204-2724 Telephone: (317) 234-3009 E-mail: pla9@pla.IN.gov

APPLICANT INFORMATION: In order to activate an inactive license during a four (4) year license period, the licensee must complete ten (10) hours of continuing education obtained no earlier than three (3) years prior to the date this application is filed, as required by 879 IAC 1-8-9(b).

- INSTRUCTIONS:**
1. Complete this form in its entirety, indicating N/A when necessary.
 2. Attach proof of ten (10) hours of continuing education through a Board approved provider, including required courses in ethics and new regulations.
 3. Attach original or notarized copy of the certificate of insurance.

APPLICANT INFORMATION	
Name of applicant	License number
Residential address (number and street, city, state, and ZIP code)	
Telephone number ()	E-mail address
Signature of applicant	Date (month, day, year)

INSURANCE / SURETY BOND INFORMATION	
<i>Applicants must attach an original or notarized copy of their certificate of insurance.</i>	
Name of insurance / surety bond company	Policy number
Telephone number of insurance / surety bond company ()	Amount of coverage
Dates of coverage (month, day, year) From To	

CONTINUING EDUCATION INFORMATION - Use additional sheet(s) if necessary, following the same format.					
NAME OF SPONSOR / PROVIDER	COURSE NAME	DATE (month, day, year)	CHECK FOR NEW REGULATIONS	CHECK FOR ETHICS	NUMBER OF HOURS
TOTAL HOURS					

APPLICANT AFFIRMATION	
I hereby swear or affirm, under the penalties of perjury, that the statements made in this application are true, complete and correct.	
Signature of applicant	Date signed (month, day, year)

AUTHORIZATION FOR RELEASE OF INFORMATION
<p>I hereby authorize, request, and direct any person, firm, officer, corporation, association, organization or institution to release to the Indiana Professional Licensing Agency, or the Manufactured Home Installers Licensing Board, any files, documents, records or other information pertaining to the undersigned requested by the Agency, or the Board, or any of their authorized representatives, in connection with processing my application for licensure.</p> <p>I hereby release the aforementioned persons, firms, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.</p> <p>I further authorize the Indiana Professional Licensing agency, or the Manufactured Home Installers Licensing Board, to disclose to the aforementioned persons, firms, officers, corporations, associations, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency and the Board from any and all liability in connection with such disclosures.</p> <p>A photostatic copy of this authorization has the same force and effect as the original.</p>

APPLICANT AFFIRMATION	
I hereby swear or affirm that I have read the above statements and agree to same.	
Signature of applicant	Date signed (month, day, year)