

Have you read and understand the statutes and rules regarding course requirements found in 879 IAC 1-4 through 879 IAC 1-8?

Yes No

STATE OF INDIANA

SS:

COUNTY OF _____

I (We), the undersigned, submit this application in conformance with 879 IAC 1-6-1 pertaining to manufactured home installer licensing / continuing education course provider approval. I (We) understand that any violation of the license law or rules on my (our) part will subject me (us) to loss of approval. I (We) certify that the information given in this application is true and correct to the best of my (our) knowledge.

Signature of principal officer, partner, manager, or sole proprietor

Date subscribed and sworn to Notary Public (*month, day, year*)

Printed name of principal officer, partner, manager, or sole proprietor

Signature of Notary Public

Printed name of Notary Public

County of residence

My commission expires (*month, day, year*)

FOR OFFICE USE ONLY

Approved

Tabled Reason:

Denied Reason: