



# APPLICATION FOR MANUFACTURED HOME INSTALLER LICENSING / CONTINUING EDUCATION COURSE PROVIDER

State Form 53617 (R2 / 7-21)

**MANUFACTURED HOME INSTALLER LICENSING BOARD  
PROFESSIONAL LICENSING AGENCY**  
402 West Washington Street, Room W072  
Indianapolis, Indiana 46204  
Telephone: (317) 234-3031  
E-mail: pla12@pla.IN.gov  
www.pla.IN.gov

- INSTRUCTIONS:**
1. A completed application includes the following:
    - a. A completed and notarized application.
    - b. A descriptive course outline for each course that meets the requirements of 879 IAC 1-4-2 or 879 IAC 1-8-3.
    - c. A professional biography for each instructor that meets the requirements of 879 IAC 1-6-1(c)(3).
    - d. A sample course completion certificate.
    - e. A course evaluation form.
    - f. A clearly expressed course objective that meets the requirements of 879 IAC 1-6-1(c)(2).
  2. A separate application must be submitted for each course provider.

Type of course provider <input type="checkbox"/> Licensing course provider <input type="checkbox"/> Continuing Education course provider		Name of course provider	
Address of course provider (number and street, city, state, and ZIP code)			
Name of contact person		Telephone number (       )	E-mail address
Type of ownership (check one) <input type="checkbox"/> Partnership <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Corporation		If the ownership of the course provider is a partnership, LLC / LLP, or corporation, provide ownership information below.	
Name of partner / manager / director / officer			Title
Address (number and street, city, state, and ZIP code)			
Name of partner / manager / director / officer			Title
Address (number and street, city, state, and ZIP code)			
Name of partner / manager / director / officer			Title
Address (number and street, city, state, and ZIP code)			
Name of partner / manager / director / officer			Title
Address (number and street, city, state, and ZIP code)			

LIST OF COURSES		
TITLE OF COURSE	HOURS	NAME OF INSTRUCTOR

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: