APPLICATION FOR LICENSURE AS A MANUFACTURED HOME INSTALLER

State Form 53858 (R3 / 2-14)
Approved by State Board of Accounts, 2013

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

INSTRUCTIONS: All information must be typed or clearly printed.

* Your Social Security number is being requested by this state agency in accordance with Indiana Code. Disclosure is mandatory, and this record cannot be processed without it. Social Security Numbers are available to the Indiana Department of Revenue.

FOR OFFICE USE ONLY	
APPLICATION FEE	
DATE FEE PAID (*month, day, year*)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSE ISSUED (*month, day, year*)	
LICENSE OBTAINED BY	

Please attach one (1) passport quality photograph here.

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION		
Name *(last, first, middle, maiden or previous)*		Social Security number *
Address *(number and street or rural route, city, state, and ZIP code)*		
Date of birth *(month, day, year)*	Place of birth	
Residential telephone number ( )	E-mail address	

PRE-LICENSING COURSE INFORMATION	
Applicants must attach an original or notarized copy of their certificate of course completion.	
Have you completed a Board-approved pre-licensing course? ☐ Yes ☐ No *If yes, please provide the information below.*	
Name of Board-approved course provider	Date course completed *(month, day, year)*
Location *(city and state)*	Indiana course provider registration number

INSURANCE / SURETY BOND INFORMATION		
Applicants must attach an original or notarized copy of their certificate of insurance.		
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

SUPERVISED EXPERIENCE INFORMATION		
Please list all places of employment involving home installation which verify one (1) year of supervised experience. In addition to completing this section, applicants must also have each listed supervisor complete the Verification of Supervised Experience page in order to verify experience. NOTE: This section does not need to be completed if utilizing the professional references option.		
Name of current employer	Name of supervisor	Dates of employment (*month, day, year*)
Name of former employer	Name of supervisor	Dates of employment (*month, day, year*)
Name of former employer	Name of supervisor	Dates of employment (*month, day, year*)
Name of former employer	Name of supervisor	Dates of employment (*month, day, year*)

PROFESSIONAL REFERENCE INFORMATION

Please list three (3) professional references that are not related to you. Two (2) of these professional references must be licensed manufactured home installers who are familiar with your work experience and professional competency. In addition to completing this section, applicants must also have each individual professional reference complete the Professional Reference page in order to verify experience.
NOTE: This section does not need to be completed if utilizing the supervised experience option.

FULL NAME	MANUFACTURED HOME INSTALLER LICENSE NUMBER

OTHER STATE LICENSURE / CERTIFICATION / REGISTRATION / PERMIT

Do you now hold, or have you ever held, a license / certificate / registration / permit to practice or perform any regulated profession by a state licensing board? ☐ Yes ☐ No

If yes, list all states below, including Indiana, in which you have held license / certification / registration / permit to practice any state regulated profession.

TYPE OF LICENSE / CERTIFICATE / REGISTRATION / PERMIT	STATE	LICENSE NUMBER	DATE ISSUED	STATUS

CRIMINAL HISTORY & LICENSE DISCIPLINARY INFORMATION

If your answer is "yes" to any of the following, explain fully in a signed and notarized statement, including all related details. Include the violation, location, date, and disposition. Letters from attorneys are not accepted in lieu of your statement. Falsification of any of the following is grounds for permanent revocation of a license or permit issued pursuant to this application.

1. Has disciplinary action ever been taken regarding any professional license, certificate, registration or permit you hold or have held? ☐ Yes ☐ No
2. Have you ever been denied a license, certificate, registration or permit to practice or perform any regulated occupation in any state *(including Indiana)* or country? ☐ Yes ☐ No
3. *Except for minor violations of traffic laws resulting in fines, and arrests or convictions that have been expunged by a court,*
   (1) have you ever been arrested;
   (2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;
   (3) have you ever been convicted of any offense, misdemeanor, or felony in any state;
   (4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or
   (5) have you ever pled *nolo contendre* to any offense, misdemeanor, or felony in any state?
   ☐ Yes ☐ No
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders? ☐ Yes ☐ No
5. Do you have any condition or impairment *(including a history of alcohol or substance abuse)* that currently interferes, or if left untreated may interfere, with your ability to practice in a competent and professional manner? ☐ Yes ☐ No

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

I hereby authorize, request and direct any person, firm, officer, corporation, association, organization or institution to release to the 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, the Board or any of its authorized representatives in connection with processing my application for licensure.

I hereby release the aforementioned persons, firms, officers, corporations, associations, organizations and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the 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.

A photostatic copy of this authorization has the same force and effect as the original.

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)*

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

SS:

SEAL

I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of applicant	Printed name of applicant	Date subscribed and sworn (*month, day, year*)

Signature of notary public	Printed name of notary public	County of residence	Date commission expires (*month, day, year*)

VERIFICATION OF SUPERVISED EXPERIENCE

Part of State Form 53858 (R3 / 2-14)

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Indianapolis, Indiana 46204
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INSTRUCTIONS: All information must be typed or clearly printed.

APPLICANT INFORMATION

The applicant should complete this section, then submit this page to his/her licensed supervisor for further completion. If more than one (1) licensed supervisor was used to obtain the one (1) year of required experience, then the applicant must make a copy of this page for each licensed supervisor.

Name of applicant		
Social Security number *	Date of birth *(month, day, year)*	Residential telephone number ( )
Name of business *(employer)*		
Address of business *(number and street or rural route, city, state, and ZIP code)*		
Name of supervisor	Title of supervisor	

I hereby authorize the above named supervisor to furnish the Indiana Professional Licensing Agency with the information below.

Signature of applicant	Date *(month, day, year)*

SUPERVISOR INFORMATION

The applicant's licensed supervisor should complete this section. Upon completion, please have this page notarized and submit the page directly to the Professional Licensing Agency at the above address.

Name of business *(employer)*			License number of supervisor
Name of supervisor		Title of supervisor	
Type of employment ☐ Full time ☐ Part time	If part time, annual hours worked	Dates of employment *(month, day, year)* From To	Position held

Quality of work
☐ Excellent ☐ Very good ☐ Average ☐ Fair ☐ Below average ☐ Poor

Briefly summarize the work performed by the applicant.

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

SS:

SEAL

I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of supervisor	Printed name of supervisor		Date subscribed and sworn (*month, day, year*)
Signature of notary public	Printed name of notary public	County of residence	Date commission expires (*month, day, year*)

PROFESSIONAL REFERENCE

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APPLICANT INFORMATION

The applicant should complete this section, then submit this page to the individual who is providing a professional reference for further completion. The applicant must make a copy of this page for each individual professional reference.

Name of applicant		
Social Security number *	Date of birth *(month, day, year)*	Residential telephone number ( )

I hereby authorize the following professional reference to furnish the Indiana Professional Licensing Agency with the information below.

Signature of applicant	Date *(month, day, year)*

PROFESSIONAL REFERENCE INFORMATION

The individual who is providing a professional reference should complete this section. Upon completion, please have this page notarized and submit the page directly to the Professional Licensing Agency at the above address.

Name of individual providing professional reference	License number *(if applicable)*

Address of individual providing professional reference *(number and street or rural route, city, state, and ZIP code)*

Telephone number of individual providing professional reference ( )	E-mail address of individual providing professional reference

Please indicate, to the best of your knowledge, the applicant's ability to perform manufactured home installation by checking the appropriate boxes. If you select "Unsatisfactory" for either technical competence or professional conduct, please submit a letter of explanation with this Professional Reference. NOTE: If you are not a licensed manufactured home installer, you do not need to complete this section.

Technical competence

☐ Excellent ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Not qualified to answer

Professional conduct

☐ Excellent ☐ Satisfactory ☐ Marginal ☐ Unsatisfactory ☐ Not qualified to answer

Please provide any additional details regarding the applicant's professional abilities. If you need additional space, please provide a letter with this Professional Reference.

CERTIFICATION OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

SS:

SEAL

I, _____, being duly sworn on oath, say that I am the above named, that I have personally prepared the foregoing application, and that the same is true to the best of my knowledge and belief.

Signature of individual providing professional reference	Printed name of individual providing professional reference	Date subscribed and sworn (*month, day, year*)

Signature of notary public	Printed name of notary public	County of residence	Date commission expires (*month, day, year*)