



APPLICATION FOR LICENSURE AS A MANUFACTURED HOME INSTALLER

State Form 53858 (R7 / 7-21)
Approved by State Board of Accounts, 2017

MANUFACTURED HOME INSTALLERS LICENSING BOARD PROFESSIONAL LICENSING AGENCY

402 West Washington Street, Room W072 Indianapolis, IN
46204

Telephone: (317) 234-3031

E-mail: pla12@pla.in.gov
www.pla.IN.gov

INSTRUCTIONS:

1. The fee for this application is \$150.00, payable to the Indiana Professional Licensing Agency, in accordance with 879 IAC 1-4-1.
2. Completed application and fees should be mailed to the address listed in the upper right-hand corner of this form.
3. All fees are non-refundable and non-transferable.
4. Please refer to the instructions on our website, www.pla.in.gov, for the licensing requirements.
5. Applicants must submit a Certificate of Pre-Licensing Course Completion.
6. Applicants must submit a Certificate of Insurance / Surety Bond.

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it. Social Security numbers are available to the Indiana Department of Revenue.

** This information is being requested for workforce statistical purposes only; disclosure is voluntary.

FOR OFFICE USE ONLY

APPLICATION FEE	
DATE FEE PAID (month, day, year)	
RECEIPT NUMBER	
LICENSE NUMBER ISSUED	
DATE LICENSE ISSUED (month, day, year)	

DO NOT WRITE ABOVE THIS LINE

APPLICANT INFORMATION

Name of applicant (last, first, middle)		
Social Security number *	Date of birth (month, day, year)	Gender ** <input type="checkbox"/> Male <input type="checkbox"/> Female
Address of applicant (number and street or rural route)		City, state, and ZIP code
Telephone number (daytime) ()	E-mail address	
Pursuant to IC 12-32-1-5 and IC 12-32-1-6, I swear under the penalty of perjury that: (Please select one of the following.) <input type="checkbox"/> I am a United States Citizen. <input type="checkbox"/> I am a qualified alien (as defined under 8 U.S.C. § 1641. <input type="checkbox"/> I am authorized by the Federal Government to work in the United States.		
Are you the spouse of a member of the military who is assigned to a duty station in Indiana? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you an active duty member of the military? (Optional) <input type="checkbox"/> Yes <input type="checkbox"/> No

PRE-LICENSING COURSE INFORMATION

Applicants must attach their certificate of course completion.	
Have you completed a Board-approved pre-licensing course? <input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 supervised experience option.

Name of current employer	Name of supervisor	Dates of employment (month, day, year)
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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

LICENSURE

List all the states in which you have been registered to practice any regulated profession.

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

QUESTIONS

If your answer is "Yes" to any of the following, explain fully in a signed written statement, including all related detailed, and provide copies of all relevant arrest of court documents. Describe the event including the location, date and disposition. Falsification of any of the following is grounds for permanent revocation of the 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(2) have you ever entered into a prosecutorial diversion or deferment agreement regarding any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(3) have you ever been convicted of any offense, misdemeanor, or felony in any state;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(4) have you ever pled guilty to any offense, misdemeanor, or felony in any state; or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) have you ever pled <i>nolo contendere</i> to any offense, misdemeanor, or felony in any state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you currently, or have you ever been, listed on a national or state registry of sex offenders?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 a professional manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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 any files, documents, records or other information pertaining to the undersigned requested by the Agency 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 information.

I further authorize the Professional Licensing Agency to disclose to the aforementioned persons, firms, officers, corporations, association, organizations, and institutions any information which is material to my application, and I hereby specifically release the Agency 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 affirm, under penalties of perjury, that the foregoing presentations are true.

Signature of applicant

Date (*month, day, year*)

VERIFICATION OF SUPERVISED EXPERIENCE

Part of State Form 53858 (R7 / 7-21)

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PROFESSIONAL LICENSING AGENCY**
402 West Washington Street, Room W072
Indianapolis, IN 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 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 <input type="checkbox"/> Full time <input type="checkbox"/> Part time	If part time, annual hours worked	Dates of employment (month, day, year) From To	Position held
Quality of work <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Average <input type="checkbox"/> Fair <input type="checkbox"/> Below average <input type="checkbox"/> Poor			
Briefly summarize the work performed by the applicant			

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true.

Signature of individual providing professional reference	Date (month, day, year)
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PROFESSIONAL REFERENCE

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APPLICANT INFORMATION

The applicant should complete this section, then submit 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 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.

AFFIRMATION

I affirm, under penalties for perjury, that the foregoing representations are true

Signature of individual providing professional reference

Date (month, day, year)