



Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

Phone: (614) 734-6010 • Fax: (614) 734-6012 • Website: <http://www.omhc.ohio.gov>

(Office Use Only)
____\$250 application fee

Manufactured Home Installer License Application

APPLICANT INFORMATION (please print)

Last		First		Middle initial	County:	
Name:				Phone:	()	
Mailing address (street or P.O. box):					Fax:	()
City:	State	ZIP:	Date of Birth			
Social Security Number - -			E-mail:			

PROOF OF INSURANCE

- I have attached a copy of my or my company's workers compensation certificate with number visible or explanation of exemption
- I have provided evidence of one of the following: (check one)
 - ____ \$25,000 Surety Bond
 - ____ \$10,000 Surety Bond **AND** \$300,000 in General Liability Insurance
 - ____ \$1 Million in General Liability Insurance

(Proof must include the insuring company's name, telephone number, your policy number, the dollar amount and expiration date.)

EMPLOYER INFORMATION

Employer*: _____ Phone: _____
 Address: _____ City _____ State _____ Zip _____

* If self-employed, use your business name for employer.

PAYMENT

Make check or money order payable to Treasurer, State of Ohio. If paying by credit card, you must add .0231% convenience fee to total.

Please complete both pages of the application. Applicant must sign Page 3 of application.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
_____ Credit card number	_____ Expiration date
_____ Name of cardholder as shown on credit card	
_____ Cardholder signature	\$ _____ Amount
(Add 2.31% to total due if using a credit card)	
The non-refundable application fee is \$250	

OMHC Fiscal use only:	
<input type="checkbox"/> Approved	_____ Signature/Date
<input type="checkbox"/> Denied	_____ Signature/Date
<input type="checkbox"/> Incomplete	_____ Signature/Date
Comments: _____	

OTHER LICENSE(S) HELD

If you have a valid installers license from another state, list the other state(s) where you hold a valid installers license:

_____, _____, _____, _____
(Also provide a photo copy of those licenses)

REFERENCE LETTERS

Three letters of reference are required. Persons signing the letters of reference must be installers, retailers, manufacturers, manufactured home park operators, design professionals or certified manufactured home inspectors familiar with your installation work experience and competency. **(Attach all three letters to this application)**

"Public Information Disclosure: Pursuant to Ohio Revised Code 149, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated."

EMPLOYMENT HISTORY

List your work history beginning with your most recent position. Describe in detail your duties, responsibilities, and technical areas. For evaluation of your education for experience credit, attach a copy of your transcript, diploma, certificate, or degree. Experience verification Form # 1301 on page 5 must accompany this application. See attached instructions. Self-verification is not acceptable.

Please print

Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Position/title: _____	
Describe work performed: _____ _____	
Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Position/title: _____	
Describe work performed: _____ _____	
Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Position/title: _____	
Describe work performed: _____ _____	

- I have installed manufactured homes for at least one year.
- ALL REQUIRED ITEMS AS LISTED ON PAGE 4 OF THIS FORM ARE ATTACHED

By my signature, I affirm the information I provided is true, correct, and complete. I understand incorrect statements or omission of material facts may result in denial of this application.

Applicant signature: _____ Date: _____

Check List for Installer License Application

- Check, money order or credit card information in amount of \$250.00**
- Copy of valid installers license from another state, if any (pg. 2)**
- Signed, completed application (pg. 3)**
- Signed and notarized experience verification form (pg.5)**
- Signed statement of completion of training and examination (pg.6)**
 - Copy of certificate of completion of 12 hour training course**
 - Proof of passing State examination for installers (test # 410)**
- List of five most recent homes installed (pg. 7)**
- Three letters of reference (pgs. 8, 9 & 10)**
- Signed statement regarding felony conviction (pg. 11)**
- Evidence of insurance (see pg. 1 for requirements)**
- Copy of workers compensation certificate or explanation of exemption**
- Passport size photo with original signature or clear copy of driver's license or state identity card**

To the applicant and the verifier: This form is to be completed only if the applicant is applying for a manufactured home installer's license. It must be signed by the verifier in the presence of a notary.

SUPERVISOR/VERIFIER/APPLICANT INFORMATION *

Name of Verifier: _____ Name of Applicant: _____

Address: _____ Address: _____

Position or title: _____ Phone: _____

Phone: _____

Notarized verification of qualifications is required for certification with the State of Ohio. Your prompt return of this form to the applicant, filled out as completely as possible, will expedite the disposition of his or her application and will be appreciated. Thank you for your assistance.

Tell in your own words what you know of the applicant's experience. **Give the name of employer and dates of employment.** Describe applicant's position and type of work performed. Describe the kinds of buildings, structures, or projects worked on. Give any other details that might help evaluate experience. Additional sheets may be attached.

VERIFIED EXPERIENCE

I certify I know the applicant and have direct knowledge the applicant has installed homes for a least one year. From:

Month: _____ Year: _____ to Month: _____ Year: _____

as (position, title) _____ for (company name) _____

Duties, skills, function of applicant: _____

How was knowledge of the above facts acquired? _____

By my signature, I affirm the information I provided is true, correct and complete.

Signature of verifier: _____

NOTARY PUBLIC

State of: _____

County of: _____

Signed and sworn before me on (date): _____

Notary public: _____

My commission expires: _____

This space is reserved for notary stamp.

* A verifier is a retailer, manufacturer, manufactured home park operator, design professional, building official or installation supervisor for the most recent home installation performed.

**Statement Affirming Completion of
Training and Examination**

I, _____, affirm that I have completed an Ohio Manufactured Homes Commission (OMHC) approved installation training course and have passed the State examination. I will provide the OMHC with proof of completion of the training course and State examination.

By my signature, I affirm that I also understand that my license to install manufactured homes in Ohio is contingent upon completion of the training course and State examination. Failure to provide evidence of completion of the training course and passing the State examination to OMHC may result in the denial of my application.

Applicant's Signature

Date

**List Your Five Most Recent Manufactured Homes or
Home Components Installed in Ohio**

1. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

2. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

3. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

4. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

5. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

Letter of Reference

Reference in regard to:

(Applicant) _____
(Name)

The above named applicant seeks a license to install manufactured homes in Ohio. Provide a statement regarding the applicant's competency and installation experience below.

(Print Name)

(Signature) (Date)

(Telephone Number, with area code)

Number of years you have known applicant: _____

Statement Regarding Felony Conviction

I, _____, affirm I
(print name)

have not

have

been convicted of a felony or crime of moral turpitude. If you have been convicted, provide a certified copy of the conviction mailed directly from the court to the OMHC office. Also explain below including type of felony conviction, case number, state and county of conviction and date of conviction.

Explanation: _____

(Signature)

(Date)