



OHIO MANUFACTURED HOMES COMMISSION

5100 Parkcenter Avenue Suite 103 Dublin OH 43017
PH: 614-734-6010 FX: 614-734-6012 Website: www.omhc.ohio.gov

(Office Use Only)
___ \$250 renewal fee
___ \$100 late fee if received
after current license expires

Manufactured Home Installer License Renewal Application

READ INSTRUCTIONS CAREFULLY BEFORE RETURNING FOR PROCESSING

1. Complete application in its entirety and legibly.
2. If you need additional space to complete an answer please use section 7 or attach a separate sheet.
3. Return the completed application along with full amount due to our office at the address listed above.
4. **Payment and application must be postmarked *before* your current license expires or a \$100 late fee will be assessed and must be paid before renewal will be processed.** *****FEES ARE NON REFUNDABLE*****
5. If paying with check or money order, please make payable to Treasurer, State of Ohio
6. If you would like to pay by credit or debit card, visit our website at www.omhc.gov to print off the credit card authorization. You will find the authorization form located under the Forms link. Print, fill out and return with the application

SECTION 1 INSTALLER INFORMATION UPDATE (PLEASE PRINT)

Name:		Alias:	
Mailing Address:		City:	
State	Zip	County:	Email:
Phone:		Fax:	Cell:
Social Security Number:		License Number:	
Are you a veteran or member of the US Armed Forces [] YES [] NO		Is your spouse a veteran or member of the US Armed Forces [] YES [] NO	

SECTION 2 EMPLOYER UPDATE

Employer Name:		Phone:	
Address of Employer:		City	State Zip

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

SECTION 3 CRIMINAL BACKGROUND

Have you been convicted of a felony or crime of moral turpitude in the last 2 years? Yes No

If Yes, please provide a certified copy of the conviction mailed directly from the court to the OMHC office. Also explain below including type of conviction, case number, state and county of conviction and date of conviction.

Explanation:

SECTION 4 PROOF OF INSURANCE

- I have attached a copy of my or my company's workers compensation 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 General Liability Insurance
- _____ \$1,000,000 in General Liability Insurance

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

SECTION 5 CONTINUING EDUCATION

Please attest to completing 8 hours of continuing education.
 These hours must match our records as reported by continuing education sponsors.

Sponsor:		
Date:	Location:	Hours Earned:
Sponsor:		
Date:	Location:	Hours Earned:
Sponsor:		
Date:	Location:	Hours Earned:
Sponsor:		
Date:	Location:	Hours Earned:

SECTION 6 OPTION TO NOT RENEW

If you are not renewing your license at this time, please indicate reason
 Retired Inactive Other (Please explain below)

Explanation:

SECTION 7 ADDITIONAL INFORMATION OR SPACE AS NEEDED

SECTION 8 ACKNOWLEDGEMENT AND SIGNATURE

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or the Commission's refusal to renew my license.

I further understand and authorize the Commission and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Commission with any information necessary to investigate information I have provided and disclosed on this application.

Signature:	Date:
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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.

<i>Office Use Only:</i>	Check # _____	Date: _____	Amount _____
CC: Last 4 #'s _____	Approval # _____	Date _____	Amount _____
Office Notes:			