



# LOUISIANA MANUFACTURED HOUSING COMMISSION

---

## LOUISIANA MANUFACTURED HOUSING INSTALLER'S LICENSE APPLICATION

- Completed and notarized Installer License Application
  - Please note that incomplete or unnotarized applications **may not** be processed
  - To insure issuance of an Installer License renewal application by January 1<sup>st</sup>, required documentation and appropriate fees must be submitted and/or postmarked to the Louisiana Manufactured Housing Commission (hereinafter sometimes "LMHC") by December 31<sup>st</sup>, together with the required Installer License application
- Appropriate fees must accompany completed and notarized Installer License application
  - \$125.00 application fee for original and timely submitted renewal licenses made out to Louisiana Manufactured Housing Commission
  - \$250.00 application fee for renewals submitted and/or post marked to the LMHC after December 31<sup>st</sup>
  - \$ 47.50 Identogo
  - \$100.00 certification course fee for original license applications made out to Louisiana Manufactured Housing Commission
  - The LMHC may only accept checks or money orders
- Documentation required to accompany an original or renewal Installer License application
  - Photocopy of your driver's license
  - Proof of workers' compensation insurance\*
  - Proof of vehicle liability insurance\*
  - Proof of cargo insurance\*
  - Proof of a minimum of \$100,000 general liability insurance\*
  - Proof of attendance at certification or continuing education course, as required by law
    - Certification courses are provided by the LMHC and individuals are encouraged to pre-register
    - Continuing education courses are provided by the Louisiana Manufactured Housing Association

\*LMHC must be listed as the certificate holder on insurance documentation. Please supply all documentation required.

**8181 Independence Blvd Baton Rouge LA 70806**  
**phone (225) 362-5500 fax (225) 925-3813**  
**<http://lasfm.org>**

**LOUISIANA MANUFACTURED INSTALLER'S LICENSE APPLICATION**

Installer Name: \_\_\_\_\_ Installer Number: I \_\_\_\_\_

Owner Name: \_\_\_\_\_

Installer's Business Name (DBA): \_\_\_\_\_

Physical Address  
of Owner: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address  
of Owner: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number of Owner: \_\_\_\_\_ Fax Number of Owner: \_\_\_\_\_

E-mail Address of Owner: \_\_\_\_\_

DOB of Owner: \_\_\_\_\_ SSN of Owner: \_\_\_\_\_ DL of Owner: \_\_\_\_\_

Race of Owner: \_\_\_\_\_ Sex of Owner: \_\_\_\_\_

---

**Incorporated Entities**

Name of Corporation: \_\_\_\_\_

Mailing Address of Corporate Office: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_

Name of Corporation's Registered Agent: \_\_\_\_\_

Municipal Address of Registered Agent: \_\_\_\_\_

Name of Corporation's President: \_\_\_\_\_

Mailing Address of Corporation's President: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Corporation's federal tax identification: \_\_\_\_\_

**List names, addresses, dates of birth, social security numbers, sex, race and telephone numbers of all Incorporators, other than Corporation President on a separate sheet.**

---

Number of years' experience Installing Manufactured or Modular Homes: \_\_\_\_\_

Month/Day/Year of installation certification class: \_\_\_\_\_

Contact person handling consumer complaints: \_\_\_\_\_ phone number: \_\_\_\_\_

- Changes to this position must be reported to this office.

HAS APPLICANT EVER BEEN CONVICTED OF ANY FELONY OR ARE ANY CHARGES PENDING?

( ) YES ( ) NO IF YES, PROVIDE DETAILS ON SEPARATE SHEET.

BY SIGNATURE BELOW I HEREBY AUTHORIZE CRIMINAL BACKGROUND CHECKS TO BE CONDUCTED BY THE LOUISIANA MANUFACTURED HOUSING COMMISSION.

These facts are true and correct to the best of my knowledge:

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of: \_\_\_\_\_ Parish/County: \_\_\_\_\_

*Subscribe and sworn before me this* \_\_\_\_\_ *DAY OF* \_\_\_\_\_

Signature Of Notary: \_\_\_\_\_

Louisiana Manufactured Housing Commission Use Only

Date Received \_\_\_\_\_ Amount of check \$ \_\_\_\_\_ Check# \_\_\_\_\_

Workers' Comp \_\_\_\_\_ Vehicle Liability \_\_\_\_\_ Drivers license \_\_\_\_\_

General Liability \_\_\_\_\_ Class \_\_\_\_\_ Approved By \_\_\_\_\_ Date \_\_\_\_\_

Cargo Insurance \_\_\_\_\_