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 1st, required documentation and appropriate fees must be submitted and/or postmarked to the Louisiana Manufactured Housing Commission (hereinafter sometimes “LMHC”) by December 1st, 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
  - $250.00 application fee for renewals submitted and/or post marked to the LMHC after December 31st
  - $26.00 background check fee for original license applicants
  - $100.00 certification course fee for original license applications
  - 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 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.
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 year’s experience Installing Manufactured Homes: ________________
Date/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 ____________________________2007

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 _______________