

MANUFACTURED HOME INSTALLATION BOARD INSTRUCTIONS FOR APPLICANTS

The following is needed in order to apply for a certificate as a manufactured home installation inspector:

1. A complete, signed and notarized application.
2. Check or money order (non-refundable) made payable to State of Delaware. See fee schedule available at www.dpr.delaware.gov to determine the pro-rated fee.
3. Verification that applicant completed the certification course sent directly to the Board office from the course provider.
4. Copy of legal document showing name change if name is different on any submitted documents.
5. A current written statement, signed by the applicant's supervisor, verifying that applicant is a full-time, part-time or casual/seasonal employee of an authorized inspection agency.

Please note: It is the responsibility of the applicant to ensure that all certification requirements are fulfilled and to arrange for the Board to receive all necessary supporting documents. The Board may request additional information or documents if clarification is needed.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: WWW.DPR.DELAWARE.GOV

Application for a Manufactured Home Installation Inspector Certificate

Section 1: Basic Information

1. Name _____
Last First M.I.

2. Mailing Address _____
Street

City State Zip

3. Street Address (if different) _____
Street

City State Zip

4. Home Telephone _____ Work Telephone _____

5. Email Address _____

6. Social Security Number _____

7. If name is different from that on other submitted documentation, list the other name(s) that may be used. _____ Attach copy of legal documentation.

8. Employer's Name _____

9. Employer's Address _____

10. Type of Employment: Full-time Part-time Casual/Seasonal

Section 2: General Information

11. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fine, probation, suspension or revocation?) Yes No **If yes, submit a letter giving a complete explanation.**

12. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes No **If yes, submit a letter giving a complete explanation.**

13. Are any resolved or unresolved complaints or disciplinary actions pending against you in any jurisdiction? Yes No **If yes, submit a letter giving a complete explanation. Include copies of all appropriate records.**

14. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or any other criminal offense in any jurisdiction, including any offense for which you have received a pardon? Yes No **If yes, submit a certified copy of your criminal history record.**

15. Are there any criminal charges pending against you in any jurisdiction?
Yes No **If yes, submit a certified copy of your criminal history record.**

Section 3: Educational Requirements

16. Name of certification course attended _____

17. Date of completion _____ **Verification of course completion must be sent directly to the Board office from the course provider.**

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded. The Board office will attempt to notify you before disposing of an abandoned application.

Please note: When your application is complete, please allow 4-8 weeks to receive your permit.

AFFIDAVIT

State of _____

County or City of _____

The undersigned, having first been duly sworn (or affirms) according to law, states that he/she is the person who completed this application and signs this affidavit, that the statements contained in the application are true, that he/she has not suppressed any information that might affect this application, that he/she understands that participating or cooperating in fraud or material deception in order to be licensed could result in the denial or revocation of the application or license and mandatory report of such actions to the Attorney General for further action, and that he/she has read and understands this affidavit.

Signature of Applicant _____ Date _____

Sworn and subscribed to before me this _____ day of _____ 20 _____.

Notary Public

SEAL

My commission expires _____

Mail application to: Manufactured Home Installation Board
861 Silver Lake Boulevard, Suite 203
Dover, DE 19904

Enclose payment for processing fee. Fee is non-refundable. See Fee Schedule for correct fee. Payment must be made by personal check or money order made payable to "State of Delaware."