



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

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF MANUFACTURED HOME INSTALLATION

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

APPLICATION FOR MANUFACTURED HOME INSTALLER LICENSE BY RECIPROCITY

IDENTIFYING AND CONTACT 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: _____

6. Have you been issued a U.S. Social Security Number? Yes No

- If yes, enter your SSN: _____
- If no, you must file a *Request for Exemption from Social Security Number Requirement*.

7. Birth Date: _____ **Attach certified copy of your birth certificate, a passport, an identification card issued by the State of Delaware or a Delaware driver's license.**

8. Does the name you entered in Question 1 differ from the name on *any* document you are submitting?
Yes No If yes, enter all other name(s) that you have used: _____
_____ **Attach copy of legal document showing name change.**

EMPLOYMENT INFORMATION

9. Employer's Name: _____

10. Employer's Address: _____
Street

_____ City State Zip

DISCLOSURES

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

BOND & LIABILITY INSURANCE INFORMATION

16. Name of Bond Company: _____

17. Bond Company Address: _____
Street

_____ City State Zip

Arrange for a bond in the amount of at least \$10,000 to be sent *directly* from the bond company to the Board office.

18. Name of Liability Insurance Company: _____

19. Insurance Company Address: _____
Street

_____ City State Zip

Arrange for proof of liability insurance in the amount of at least \$100,000 to be sent *directly* from the insurance company to the Board office.

EDUCATION

20. Name of Course Attended: _____

21. Date of Completion: _____

LICENSURE IN OTHER JURISDICTIONS

22. List each state where you hold, or have ever held, a license.

<u>State</u>	<u>License Number</u>	<u>Date of Issuance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Arrange for a letter of good standing to be sent *directly* from each jurisdictions where you are, or have ever been, licensed to the Board office

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.

I agree to be responsible for all acts or omissions of any individual acting under my supervision while assisting in the installation of manufactured housing.

APPLICANT SIGNATURE: _____ Date: _____

Sworn and subscribed to before me this _____ day of _____ 2 _____.

Notary Public

SEAL

My commission expires _____

Applications that are incomplete, unsigned, not notarized or not accompanied by the required processing fee will be rejected.