





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

#### 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

8. Employer's Name: \_\_\_\_\_

9. Employer's Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

#### DISCLOSURES

10. 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.**

11. Has any jurisdiction rejected your application or revoked your professional license or certificate? Yes  No  **If yes, submit a letter giving a complete explanation.**
12. 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.**
13. 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.**
14. 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

15. Name of Bond Company: \_\_\_\_\_

16. 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.**

17. Name of Liability Insurance Company: \_\_\_\_\_

18. 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

19. Name of Course Attended: \_\_\_\_\_

20. Date of Completion: \_\_\_\_\_ **Arrange for verification of course completion must be sent *directly* from the course provider 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.**