

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH(334) 242-4036 FAX(334) 240-3178
WWW.AMHC.ALABAMA.GOV

APPLICATION FOR INSTALLER CERTIFICATION

PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

PLEASE SELECT ONE OF THE FOLLOWING: MODULAR MANUFACTURED HOME (HUD)

NAME OF APPLICANT (Person and/or Company) _____

Are you a citizen of the United States? Yes ____ No ____ (If no, please explain) _____

IF FIRM OR CORPORATION, PROVIDE NAME OF OFFICER ON BOND _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE PERSON APPLYING FOR CERTIFICATION:

SOCIAL SECURITY# _____ - _____ - _____ DOB ____ / ____ / ____ DRIVER'S LICENSE# _____

HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____

STREET ADDRESS _____
STREET/ROAD CITY STATE ZIP

MAILING ADDRESS _____
STREET/ROAD/P.O.BOX CITY STATE ZIP

PHONE# (____) _____ - _____ FAX# (____) _____ - _____ COUNTY _____

EMAIL ADDRESS _____

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION _____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION? YES/NO _____ IF YES, CERT. NO. _____

Are you the spouse of active-duty military personnel applying for a license or provisional license pursuant to the "Military Family Jobs Opportunity Act," Section 31-1-6, Code of Alabama 1975? Yes _____ No _____

SURETY BOND INFORMATION

SURETY COMPANY	PHONE NUMBER	BOND AMOUNT	BOND NUMBER
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GENERAL LIABILITY INSURANCE INFORMATION

INSURANCE COMPANY	PHONE NUMBER	INSURANCE AMOUNT	POLICY NUMBER
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Pursuant to the provisions of the Rules and Regulations for Installation and Certification, I hereby submit this application for certification. In making this application, I certify that all manufactured homes and/or manufactured buildings installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission.

SIGNATURE OF APPLICANT _____ DATE _____

By placing my signature hereon, I attest that all information on this application is true and correct.

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____

CHECK NUMBER _____ DATE INSTALLER COURSE COMPLETED _____