

# ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET  
MONTGOMERY, ALABAMA 36104  
PH(334) 242-4036 FAX(334) 240-3178  
[WWW.AMHC.ALABAMA.GOV](http://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 31-1-16, Code of Alabama 1975? Yes \_\_\_\_\_ No \_\_\_\_\_

SURETY BOND COMPANY	PHONE NUMBER	AMOUNT	BOND NUMBER
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GENERAL LIABILITY INSURANCE COMPANY	PHONE NUMBER	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 (modulars) installed under the authority of this certification will comply with the Rules and Regulations of the Alabama Manufactured Housing Commission. I affirm that the information provided in this application is true and correct to the best of my knowledge.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

### FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_ DATE INSTALLER COURSE COMPLETED \_\_\_\_\_