



# OHIO MANUFACTURED HOMES COMMISSION

5100 Parkcenter Avenue Suite 103 Dublin OH 43017  
PH: 614-734-6010 FX: 614-734-6012 Website: www.omhc.ohio.gov

## Manufactured Home Installer License Application

### READ INSTRUCTIONS CAREFULLY BEFORE RETURNING FOR PROCESSING

1. Complete application in its entirety and legibly. Application must be signed or will not be processed.
2. Verify you have returned all the required items on the checklist found on page 4.
3. Proof of Insurance must be provided. See section 3 for requirements.
4. If you held an installer's license from a different state, you must include a copy of that valid license.
5. Along with the affirmation of completion of training and exam, you must provide a copy of the certificate of completion as well as proof of passing the State Examination for Installers
6. You must include a passport photo with original signature or a clear copy of your driver's license or state identity card.
7. If paying with check or money order, please make payable to Treasurer, State of Ohio. **Total amount due is \$250.00**
6. If you would like to pay by credit or debit card, visit our website at [www.omhc.gov](http://www.omhc.gov) to print off the credit card authorization. You will find the authorization form located under the Forms link. Print, fill out and return with the application

**\*\*\*FEES ARE NON REFUNDABLE\*\*\***

### SECTION 1 APPLICANT INFORMATION (PLEASE PRINT)

Name: Last			First			Middle			Alias:		
Mailing Address:									City		
State		Zip		County:			Email:				
Phone:				Fax:				Cell:			
Social Security Number:						Date of Birth:					
Are you a veteran or member of the US Armed Forces [ ] YES [ ] NO						Is your spouse a veteran or member of the US Armed Forces [ ] YES [ ] NO					

### SECTION 2 EMPLOYER

Employer Name:				Phone:			
Address of Employer:				City		State	Zip

**\*If self-employed, use your business name for employer.**

### SECTION 3 PROOF OF INSURANCE

- I have attached a copy of my or my company's workers compensation with number visible or explanation of exemption
- I have provided evidence of one of the following (check one)
- \_\_\_\_\_ \$25,000 Surety Bond
- \_\_\_\_\_ \$10,000 Surety Bond **AND** \$300,000 General Liability Insurance
- \_\_\_\_\_ \$1,000,000 in General Liability Insurance

**Proof must include the insuring company's name, telephone number, your policy number, the dollar amount and the expiration date**

### SECTION 4 OTHER LICENSE(S) HELD

If you have a valid installers license from another state, list the other states(s) where it was obtained.

\_\_\_\_\_

**SECTION 5 REFERENCE LETTERS**

Three letters of reference are required. Persons signing the letters of reference must be installers, retailers, manufacturers, manufactured home park operators, design professionals or certified manufactured home inspectors familiar with your installation work experience and competency. (Attach all three letters to this application)

**SECTION 6 EMPLOYMENT HISTORY**

List your work history beginning with your most recent position. Describe in detail your duties, responsibilities, and technical areas. For evaluation of your education for experience credit, attach a copy of your transcript, diploma, certificate, or degree. Experience verification Form #1301 on page 3 must accompany this application. See instructions on form. Self verification is not acceptable.

**Please Print**

Employer's Name:	Period of Employment:		
	From:	To:	
Address:	City:	State:	Zip:
Phone:	Hours Worked per week:	Position / Title:	

Describe work performed:

Employer's Name:	Period of Employment:		
	From:	To:	
Address:	City:	State:	Zip:
Phone:	Hours Worked per week:	Position / Title:	

Describe work performed:

Employer's Name:	Period of Employment:		
	From:	To:	
Address:	City:	State:	Zip:
Phone:	Hours Worked per week:	Position / Title:	

Describe work performed:

**SECTION 7 ACKNOWLEDGEMENT AND SIGNATURE**

- I have installed manufactured homes for at least one year.
- ALL REQUIRED ITEMS AS LISTED ON THE CHECKLIST FOUND ON PAGE 4 OF THIS FORM ARE ATTACHED

I affirm the information I provided is true, correct and complete. I understand incorrect statements or omission of material facts may result in denial of I further understand and authorize the Commission and its agents to investigate this application and verify the statements contained herein. I hereby

Applicant Signature:	Date:
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Public Information Disclosure: Pursuant to Ohio Revised Code 149, please be advised that information submitted in this application may be utilized or published by the licensing agency for the purpose of disseminating licensing information to the public. Only information subject to Ohio Public Records law and deemed useful to the industry or public shall be disseminated.

<i>Office Use Only:</i>	Check # _____	Date: _____	Amount _____
CC: Last 4 #'s _____	Approval # _____	Date _____	Amount _____
Office Notes: _____			

**EXPERIENCE VERIFICATION FORM**

**SUPERVISOR / VERIFIER / APPLICANT INFORMATION\***

*Name of Verifier:	Position or title:		
Address:	City:	State:	Zip:
Phone:	Name of Applicant:		

Notarized verification of qualifications is required for certification with the State of Ohio. Your prompt return of this form to the applicant, filled out as completely as possible, will expedite the disposition of his or her application and will be appreciated. Thank you for your assistance. Tell in your own words what you know of the applicant's experience. **Give the name of employer and dates of employment.** Describe applicant's position and type of work performed. Describe the kinds of buildings, structures, or projects worked on. Give any details that might help evaluate experience. Additional sheets may be attached.

**VERIFIED EXPERIENCE**

*I certify I know the applicant and have direct knowledge the applicant has installed homes for at least one year.*

Applicant was employed from:

Month:	Year:	<b>to</b>	Month:	Year:
as (Position / Title):	_____	for (Company Name)	_____	_____

Duties, skills, function of applicant: \_\_\_\_\_

How was knowledge of the above facts acquired? \_\_\_\_\_

*By my signature, I affirm the information I provided is true, correct and complete.*

Signature of verifier (**must sign in the presence of a notary**)

**NOTARY PUBLIC**

State of Ohio, County of \_\_\_\_\_, subscribed and sworn to before me a Notary Public in and for said County personally appeared \_\_\_\_\_ who acknowledged the signing of the foregoing instrument and that such signing is his/her free act and deed.

In testimony whereof, I have hereunto set my hand and affixed my official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My commission expires:

**Verifier:**  
\* A verifier **must be** a supervisor or another responsible person, attesting to the applicant's experience installing **manufactured homes for at least one year.**

## Check List for Installer License Application

- Check or money order made payable to Treasurer, State of Ohio  
If paying with a debit or credit card, visit our website at [www.omhc.ohio.gov](http://www.omhc.ohio.gov) to print off the credit card authorization form. Complete the form and return with this packet.
- Copy of valid installers license from another state if applicable (section 4)
- Completed and signed application
- Signed and notarized experience verification form (Page 3)
- Signed statement of completion of training and examination (Page 5)
- Copy of certificate of completion of 12 hour training course and Proof of passing State Examination for Installers
- List of five most recent **OHIO** homes installed (Page 6)
- Three letters of reference (Page 7, 8 and 9)
- Signed statement regarding felony conviction (Page 10)
- Evidence of insurance (Section 3)
- Copy of workers compensation certificate or explanation of exemption (Section 3)
- Passport size photo with original signature or clear copy of your driver's license or state identity card

## Statement Affirming Completion of Training and Examination

I, \_\_\_\_\_, affirm that I have completed an Ohio Manufactured Homes Commission (OMHC) approved installation training course and have passed the State examination. I will provide the OMHC with proof of completion of the training course and State examination.

By my signature, I affirm that I also understand that my license to install manufactured homes in Ohio is contingent upon completion of the training course and State examination. Failure to provide evidence of completion of the training course and passing the State examination to OMHC may result in the denial of my application.

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Applicant's Signature

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Date

**List Your Five Most Recent Manufactured Homes or Home Components Installed In Ohio**

Homeowner Name:	Homeowner Address: <i>street, city, Zip</i>
Homeowner Phone:	Home Manufacturer:
Home Serial Number:	Home Location: <i>if different then homeowner address</i>
Describe work you performed briefly	

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Home Serial Number:	Home Location: <i>if different then homeowner address</i>
Describe work you performed briefly	

Homeowner Name:	Homeowner Address: <i>street, city, Zip</i>
Homeowner Phone:	Home Manufacturer:
Home Serial Number:	Home Location: <i>if different then homeowner address</i>
Describe work you performed briefly	

# Letter of Reference

1 of 3

**REFERENCE LETTERS**

Persons signing the letters of reference **MUST BE** installers, retailers, manufacturers, manufactured home park operators, design professionals or certified manufactured home inspectors familiar with your installation work experience and competency.

Reference in regard to:

Applicant \_\_\_\_\_

The above named applicant seeks a license to install manufactured homes in Ohio. Provide a statement regarding the applicant's competency and installation experience below.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Number of years you have known applicant

# Letter of Reference

2 of 3

## REFERENCE LETTERS

Persons signing the letters of reference MUST BE installers, retailers, manufacturers, manufactured home park operators, design professionals or certified manufactured home inspectors familiar with your installation work experience and competency.

Reference in regard to:

Applicant \_\_\_\_\_

The above named applicant seeks a license to install manufactured homes in Ohio. Provide a statement regarding the applicant's competency and installation experience below.

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\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Number of years you have known applicant





# Statement Regarding Felony Conviction

I, \_\_\_\_\_, affirm I

**HAVE** or

**HAVE NOT**

been convicted of a felony or crime of moral turpitude.

If you have been convicted, provide a certified copy of the conviction mailed directly from the court to the OMHC office.

Also, explain below including type of felony conviction, case number, state and county of conviction and date of conviction.

Explanation:

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Signature \_\_\_\_\_

Date \_\_\_\_\_