



Manufactured Home Installer License Renewal Application

Return To: Ohio Manufactured Homes Commission
5650 Blazer Parkway, Suite 100
Dublin, OH 43017

(Office Use Only)

___ \$150 renewal application
___ \$100 late fee if received after
your current license expires

PAY VIA CREDIT CARD - OR - SEND CHECK PAYABLE TO TREASURER, STATE OF OHIO

Visa # _____ Mastercard # _____

Expiration Date: _____ Fee _____ + Convenience Fee (.0231%) _____ = _____ Total Amt.

Name of cardholder shown on credit card _____ **Fees are
Non-refundable**

Cardholder signature: _____

Please complete this form completely and legibly. If you need additional space to complete an answer please use # (7) or attach a separate sheet.

~~(1) Installer Information Update (please print)~~

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone: () _____ Fax: () _____ Cell Phone: () _____

Website: _____ Email: _____

Social Security Number _____ License Number: _____

(2) Employer Update

Employer*: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

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

(3) Have you been convicted of a felony or crime of moral turpitude in the last 2 years? Yes No

If yes, please 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: _____

(4) 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 Million in General Liability Insurance

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

(5) Please attest to completing 8 hours of continuing education. These hours must match our records as reported by continuing education sponsors.

Sponsor: _____

Date: _____ Location: _____ Hours earned: _____

Sponsor: _____

Date: _____ Location: _____ Hours earned: _____

Sponsor: _____

Date: _____ Location: _____ Hours earned: _____

Sponsor: _____

Date: _____ Location: _____ Hours earned: _____

(6) If you are not renewing your license at this time, please indicate reason:

Retired Inactive Other: (please explain) _____

(7) Additional Information: _____

I attest that the information provided on this application and any attachment(s) is true, correct and complete. I understand that making a false, fraudulent or deceitful statement on this application may result in disciplinary action and/or the Commission's refusal to renew my license.

I further understand and authorize the Commission and its agents to investigate this application and verify the statements contained herein. I hereby authorize any government agency, law enforcement agency, licensing board, school, corporation, organization, association or any person to provide the Commission with any information necessary to investigate information I have provided and disclosed on this application.

(8) Signature: _____ Date: _____

