

## **Application for Manufactured Home Installer Certification Renewal**

Factory Assembled Structures PO Box 44420 Olympia WA 98504-4420 1-800-701-1411 (Option 3) www.Lni.wa.gov

Please	print	clearly	or	type.

2. Applicant Information  ☐ Mr. ☐ Mrs. ☐ Ms.			
Mr. Mrs. Ms.  Applicant Name (First, Middle Initial, Last)		Phone Number	<u> </u>
Applicant Hame (i liet, madie ilidat, 2005)		There italia	•
Mailing Address	Email Address		
City		State	Zip Code
3. Certification Information			
Installer Certification Number		Social Security	y Number
(Required pursuant to RCW 26.23.150 and	d federal law <u>PL 104-19</u>	<u>3</u> .)	
Completion of continuing education req	uired to renew certific		ocation
Attending continuing education class on:			
Registered to attend continuing education	class on:		
I am the owner an empl	loyee of the follow	ving business:	
Business Name		Phone Number	er
Contractor Registration Number (if applicable)			
certify that all information on this applic	cation is true and corr	ect to the best of	my knowledge.

Make check or money order payable to: **Department of Labor & Industries** and mail to the address listed above.