

## **Manufactured Home Installer Continuing Education Registration Form**

**Factory Assembled Structures** PO Box 44420 Olympia WA 98504-4420 1-800-705-1411 (Option 3)

Make check or money order payable to: Department of Labor & Industries and mail to the address listed on this form.

<u>www.Lni.wa.gov</u>	i ype or print cie	earry.		
Applicant Information				
☐ Mr. ☐ Mrs. ☐ Ms.				
Applicant Name (First, Middle Initial, Last		Phone Number		
Mailing Address			Email Address	
City			State	Zip Code
I am ☐ the owner OR	☐ an employee	of the following	g business:	
Business Name			Email Address	
Certification Number (Your installer certif	ication must be current in o	order to take this tra	aining)	
Continuing Education Fee (GL Code 811)			Fee: <b>\$64.10</b>	
MH Installer Manual on flas	h drive (GL Code 812	)	Fee: <b>\$15.90</b>	
Class Preference				
Indicate which option you would lik	re:			
☐ Virtual Training	Date:			
☐ Home Test	Email Address (required):			
Note: Home Tests will be emailed above is needed.	to the address listed.	For this to coun	t towards CE cred	dit, a score of 70% or
	For I &I	Use Only		
Location/Date/Session	101 201	osc omy		
Payment Received?		☐ Show ☐	] No Show	
Confirmation Mailed		Certificate Mailed	d	