



Application for Manufactured Home Installer Certification Renewal

Factory Assembled Structures
PO Box 44420
Olympia WA 98504-4420

1-800-647-0982 (Option 6)

Fax: 360-902-5229

www.Lni.wa.gov/FAS

Please print clearly or type.

1. Type of Application

Installer Certification Renewal **\$135.20** (GL Code 810)

2. Applicant Information

Mr. Mrs. Ms.

Applicant Name (First, Middle Initial, Last)		Phone Number	
Mailing Address		Email Address	
City	State	Zip Code	

3. Certification Information

Installer Certification Number		
Completion of continuing education required to renew certification.		
<input type="checkbox"/> Attending continuing education class on:	Date	Location
<input type="checkbox"/> Registered to attend continuing education class on:		

I am the owner an employee of the following business:

Business Name	Phone Number
Contractor Registration Number (if applicable)	

I certify that all information on this application is true and correct to the best of my knowledge.

Printed Name

Signature

Date

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