



# 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](http://www.Lni.wa.gov)

Please print clearly or type.

## 1. Type of Application

Installer Certification Renewal **\$171.00** (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	Social Security Number
(Required pursuant to <a href="#">RCW 26.23.150</a> and federal law <a href="#">PL 104-193</a> .)	
<b>Completion of continuing education required to renew certification.</b>	
Date	Location
<input type="checkbox"/> Attending continuing education class on:	
<input type="checkbox"/> Registered to attend continuing education class on:	
<input type="checkbox"/> Home Test (passing score required)	

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.*