

# Application for Manufactured Home Installer Training and Certification

Factory Assembled Structures  
PO Box 44420  
Olympia WA 98504-4420

1-800-705-1411 (Option 3)

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

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

Type or print clearly.

## 1. Type of Application (Check the appropriate box)

<input type="checkbox"/> <b>Training &amp; Certification Exam*</b>	\$342.30	<input type="checkbox"/> <b>Training Manual on Flash Drive</b>	\$16.90
<input type="checkbox"/> <b>Training Only*</b>	\$171.00	<input type="checkbox"/> <b>Retake Failed Exam &amp; Training</b>	\$51.10
<input type="checkbox"/> <b>Approved Homeowner Training and Exam</b> (passing exam allows purchase of 1 installer tag) *	\$171.00	*Digital (PDF) manual included	

## 2. Application Information (All applicants must complete)

Mr.  Mrs.  Ms.

Applicant Name (First, Middle Initial, Last)		Phone Number	
Mailing Address		Email Address	
City	State	Zip Code	
Type of ID	Birth Date	Social Security Number	
<input type="checkbox"/> Driver's License Number <input type="checkbox"/> Gov't Issued ID Number			
Required pursuant to <a href="#">RCW 26.23.150</a> and federal law <a href="#">PL 104-193</a>			

## 3. Certification Information (Applicants for certification and certification renewal must complete this section)

Have you previously been certified to install manufactured homes in Washington state?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If <b>'YES'</b> , list your certification number _____		
If <b>'NO'</b> , list your experience below. Six months installation experience under direct supervision of certified manufactured home installer or 2 years residential or commercial construction required.		
<input type="checkbox"/> I have _____ <input type="checkbox"/> months <input type="checkbox"/> years of installation experience under the direct supervision of a certified manufactured home installer.		
<input type="checkbox"/> I have _____ years _____ months of residential or commercial construction experience.		

I am  the owner  an employee of the following business:

Business Name	Phone Number
Contractor Registration Number (if applicable)	

## 4. Exam Date Preference (The PDF manual, training video and ZOOM links will be sent via email – please ensure you provide a valid email and home address.)

Date
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**NOTE: All applicable information must be completed for the application to be processed.**

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

Printed Name

Signature

Date