



**APPLICATION FOR FLORIDA  
CERTIFICATION OF  
MOBILE/MANUFACTURED HOME  
INSTALLATION COMPONENT  
OR PRODUCT**

**(Please Type or Print)**

Date: \_\_\_\_\_

Product Manufacturer's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number (Work): \_\_\_\_\_ Cell: \_\_\_\_\_

Project Engineer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Product: \_\_\_\_\_

General Description of Its Use: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets if necessary)

Name and address of facility where component or product is to be tested:

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number of Facility:

Work \_\_\_\_\_ Cell \_\_\_\_\_

Please attach a copy of Florida Registration of the Project Engineer:

\_\_\_\_\_  
Authorized Agent Signature

**Send This Application To:**

Installer Licensing Program  
NET PARK, Suite 2228  
5701 East Hillsborough Avenue  
Tampa, Florida 33610  
Telephone: (813) 612-7150

**DHSMV USE ONLY**

Approved \_\_\_\_\_ Rejected \_\_\_\_\_ Date \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Program Manager Signature