

STATE OF FLORIDA DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTORIST SERVICES 2900 APALACHEE PARKWAY NEIL KIRKMAN BUILDING, MS 66 TALLAHASSEE, FLORIDA 32399-0640 850/617-3004 or email at MHILP@FLHSMV.gov

MANUFACTURED/MOBILE HOME INSTALLER LICENSE APPLICATION

Pursuant to section 320.8249, Florida Statutes, I hereby make application for a license to install new and/or used manufactured/mobile homes.

Original	Renewal	Change of Mail	ing Address	-	DMS USE ONLY
PRINT/TYPE Name:	License Year:				License Number
Last	First	t	Middle Initial		
Mailing Address:			Business Phone Number		
			Business Phone Number		Date Issued
City	County	State	Zip Code		
Physical Address (if di	fferent from above):				
Driver License #	Date of Birth:				Bond
E-Mail Address:					Insurance
Original Application:	on: \$200.00 for Application and License Fees				Taken Class
	(If license is denied for any reason, \$150 license				Passed Exam
	fee will be refunded to applicant.)				
Renewal Application:	Renewal Application: \$150.00 for License Fee received by October 1. (After October 1, additional \$50.00 late fee charged.)				Approved/Denied
Change of Address:	No Fee				Initials
PLEASE ATTACH THE FOLLOWING ITEMS TO ORIGINAL APPLICATION					
Original Performance Bond for Licensing Period (\$5,000)					Application Fee
Original Certificate of Insurance (\$100,000 General Liability)					
 Copy of your Mobile Home Installation Training Course Certificate Original of your Mobile Home Installer Examination Results 					Date Received
Mobile Home Installation Decal Order Form					
Check or Money Order made payable to DHSMV for License Fees and Decals					
I hereby certify by my signature that I have not been convicted or found guilty of, or enter a plea of nolo					
contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of mobile home installation or the ability to practice. That information I have provided in this application is					Linence Fee
true and correct. I agree to abide by all laws of Florida, including Chapter 320, Florida Statutes and all					License Fee
applicable rules, policies and procedures of the Department of Highway Safety and Motor Vehicles. I understand that any false information provided on this form and/or any violations of Florida Statute					
320.8249 may result in disciplinary penalties imposed by the department. I further understand that I must meet all zoning, permitting and occupational license requirements that may be mandated by city or county ordinances.					Date Received
	Signature	<u> </u>	Date		