

APPLICATION/AFFIDAVIT FOR DUPLICATE MOBILE HOME INSTALLER LICENSE

_____ Date: _____
License Number

Installer's Name

Installer's Address

I certify that the license described herein has been lost in transit and never received by me, or that the original license issued in my name has been lost or destroyed.

I further certify that if the original license is found or received, I will immediately return it to the Mobile Home Installer Licensing Section, Division of Motorist Services at 2900 Apalachee Parkway, Neil Kirkman Building, MS 66, Tallahassee, Florida 32399-0640.

Installer's Signature

(GHQ USE ONLY)

Receipt Date _____

License reflecting forms control number _____ printed and mailed to mobile home installer at above address on _____.