

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY

John J. Barthelmes, Commissioner
Department of Safety

Earl M. Sweeney
Assistant Commissioner



Manufactured Housing Installation
Standards Board
Chairman Gary Francoeur
33 Hazen Drive
Concord, NH 03305
Telephone: (603) 223-4289
Fax: (603) 223-4294
Email: modular@dos.nh.gov

**APPLICATION FOR LICENSURE AS A MANUFACTURED HOUSING INSTALLER
FORM INST 3**

No person shall install a manufactured house in New Hampshire without a license. In order to apply for an Installation License the applicant must be:

1. At least eighteen (18) years of age;
2. Have two years experience as an installer or manufactured housing or equivalent installation experience;
3. Proof of successfully completing six hours of installation training. (Please attach)
4. Attach passport size photo of applicant (2" x 2")
5. Include license fee \$75.00
6. Completed application form Inst 3
7. Proof of financial responsibility in the form of a Bond or letter of credit in the amount of \$25,000.00. Board will accept only letters of credit and a bond from a company licensed to do business in the State of New Hampshire. The bond must name as "obligee" the "Treasurer, State of New Hampshire and any person aggrieved under RSA 205-D."

- PLEASE TYPE OR PRINT LEGIBLY.
- BOARD WILL ACKNOWLEDGE RECEIPT OF APPLICATION IN TEN (10) DAYS AND SHALL NOTIFY APPLICANT OF ANY DEFICIENCIES.
- FAILURE TO REMEDY DEFICIENCIES WILL RESULT IN DISMISSAL OF APPLICATION.

Enclosed find materials necessary for licensure as a manufactured housing installer. Your application will be acted upon by the Board within forty-five (45) days from receipt. Any applicant who has been denied a license may request a hearing pursuant to Department of Safety Administrative Rule Inst. 209. Under Inst. 301.05 Board may require a background check.

Technical questions must be submitted in writing to the Board for review. You may contact the Board office at the above address or by email at modular@dos.nh.gov.

1. Applicant name and any other names previously used for self or business:

Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business telephone: _____ Business Fax: _____

Email address: _____

2. **Three (3) character references not related to the applicant having knowledge of the applicant's professional character or reputation may attest to the reputation of the applicant and is related to the manufactured housing, building construction, banking or other relevant field. (per Inst 301:04 (a) (6)):**

a) Name: _____ Occupation _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

b) Name: _____ Occupation _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

c) Name: _____ Occupation _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

3. Two (2) years work experience related to the installation of manufactured housing or equivalent construction

a) Employer: _____
Self employed: _____
Address: _____
Telephone: _____ Dates Employed: _____
Type of business: _____
Duties & Responsibilities: _____

b) Employer: _____
Self employed: _____
Address: _____
Telephone: _____ Dates Employed: _____
Type of business: _____
Duties & Responsibilities: _____

c) Employer: _____
Self employed: _____
Address: _____
Telephone: _____ Dates Employed: _____
Type of business: _____
Duties & Responsibilities: _____

4. Educational/Training history:

- a. Completed high school or GED Yes No
- b. Completed Associate degree Yes No
- c. Completed Bachelor Degree Yes No

Name of school: _____

Degree/diploma/certificate: _____

- d. Completed certificate (additional training) Yes No

Training/experience/certificates: _____

5. Licensing History:

- a. Are you currently licensed to install in another state: Yes No

States licensed in: _____

- b. Have you been previously licensed to install in another state: Yes No

States previously licensed in: _____

- c. Have you ever been denied a license to install in another state: Yes No

Explain: _____

- d. Has the applicant been subject to disciplinary action in any state? Yes No

If yes explain: _____

6. Criminal History

- a. In the Last 3 years has the applicant been convicted of mishandling of funds, or other property entrusted to the applicant by another party? Yes No

If yes, please explain and name court of conviction and disposition: _____

- b. Has applicant ever filed bankruptcy? Yes No

If yes give dates of prior filing: _____

- c. Has applicant ever been convicted of a misdemeanor, felony or crime other than a minor traffic offense that has not been annulled? Yes No

If yes explain: _____

d. Has applicant ever been sued civilly? Yes No
If yes explain: _____

e. Has applicant ever been convicted of a crime involving a lack of trustworthiness? Yes No
If yes, please explain and give date and name of court _____

7. If you do not live in the State of New Hampshire:

I _____ appoint and/or designate as my New Hampshire agent for service of process (check one):

The following person:

Name: _____ Telephone number: (____) _____
Address: _____ NH _____
(number and street) (city) (zip code)

or

The New Hampshire Secretary of State and notice will be sent to my address on file with the Board by registered mail pursuant to RSA 510:4, II.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to disclose may result in suspension or a recommendation of suspension. If in the application the applicant responds in such a manner that puts his or her trustworthiness into question, the board shall conduct an investigation or interview of the applicant as deemed necessary.

Signature of Applicant _____ Date: _____

Sworn and subscribed to before me _____

This _____ day of _____, 20 _____

Notary Public or Justice of the Peace Signature

Commission expires

If applicant is approved applicant wishes to pick-up license? Yes No
If applicant is approved applicant wishes to receive it in the mail? Yes No