



Ohio Manufactured Homes Commission

5650 Blazer Parkway, Suite 100 Dublin, Ohio 43017

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MAYOR & COUNTY CLERK
GREENE COUNTY, OHIO

Notice to Installers: Licensing Required in Ohio

As of November 1, 2006, the State of Ohio requires a licensed Manufactured Home Installers be present and supervising during the installation of manufactured homes through out the state.

Apply to the Ohio Manufactured Homes Commission at the address on this letter to become a licensed installer. Attached is a copy of the Manufactured Home Installer License application and a page of Frequently Asked Questions about licensing.

Be sure to include all the information with the application in order to speed up the processing of your application. A check list is included to help you be sure you have all the required information included.

You must sign a statement that you will take the training course and take and pass the examination prior to November 1, 2007.

You must include the application fee of \$150.00 with the application. This fee is for a 2 year license, you will be required to renew your license every two years.

Licensing of Manufactured Homes Installers in Ohio is required by law. If you have any questions regarding licensing requirements, first check the FAQ page attached; then visit our website at www.ohmc.ohio.gov or call OMHC.

FAQ for Installer Licensing

Q: Who is required to be a licensed installer?

A: Installation is very broadly defined. You are an installer if you are the **supervisor** for any of the following work:

- Foundations, anchors, piers, slabs or footings for manufactured homes,
- Set- up including blocking and tie-down, lagging, joining and connecting all of the manufactured home components,
- Close-up work on manufactured homes.

Park operators are required to be licensed if they supervise moving manufactured homes around on existing lots within the park unless they use a crew with a licensed installer supervising;

Retailers are required to be licensed if they supervise an unlicensed grader or back hoe operator doing foundation work, or an unlicensed team doing close-up work.

The on-site supervisor for a set crew is required to be licensed, even if the retailer is licensed, unless the retailer is present, on-site and supervising throughout the installation.

Toters who do no installation work are not required to be licensed. Crew members at work when a licensed installer is present and supervising do not have to be licensed. Repair and service personnel do not have to be licensed unless they also install homes

For all installation work done on a manufactured home, except the foundation work, a supervisor must be present on-site. Only for foundation work, may the licensed installer supervise but not be present. A licensed installer is responsible for all work the installer supervises, even if the installer is not present.

Q: Do I have to renew my license by application?

A: Yes, every two years. You should renew during the 30 days prior to the expiration date printed on your license.

Q: How do I find out where training, continuing education courses and exams are being offered?

A: Check the OMHC website at www.omhc.ohio.gov . We will post that information as it is available.

Check List for Installer License Application

- Check, money order or credit card information in amount of \$150.00**
- Passport size photo with original signature or clear copy of driver's license or state identity card**
- Signed statement of intent to complete training and examination**
- Signed statement regarding felony conviction**
- Copy of workers compensation certificate or explanation of exemption**
- List of five most recent homes installed**
- Evidence of insurance**
- Three letters of reference**
- Copy of valid installers license from another state, if any**
- Signed, completed application**
- Signed and notarized experience verification form**



Manufactured Home Installer License Application

Mail application with payment to:
OMHC
5650 Blazer Parkway, Suite
100 Dublin, Ohio 43017

Ohio Manufactured Homes Commission
5650 Blazer Parkway, Suite 100, Dublin, Ohio 43017
Phone: (614) 734-8454 • Fax: (614) 734-8531
Website: <http://www.omhc.ohio.gov/>

APPLICANT INFORMATION (please print)

Last		First		Middle initial		Phone: () ()	
Name:						Fax: () ()	
Mailing address (street or P.O. box):							
City:		State		Date of Birth		ZIP:	
Social Security Number - -				E-mail:			

PROOF OF INSURANCE

- I have attached a copy of my or my company's workers compensation certificate with number visible or explanation of exemption
- I have provided evidence of one of the following: (check one)
- _____ \$25,000 Surety Bond
- _____ \$10,000 Surety Bond AND \$300,000 in General Liability Insurance
- _____ \$1 Million in General Liability Insurance

(Proof must include the insuring company's name, telephone number and your policy number.)

EMPLOYER INFORMATION

Employer*: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Construction Contractor Board Reg. No. _____

* If self-employed, use your assumed business name for employer.

PAYMENT

Make check or money order payable to Treasurer, State of Ohio. If paying by credit card, applicant must sign credit-card information box. Do *not* send cash.

Please complete both pages of the application. Applicant *must* sign Page 3 of application.

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
_____	_____/_____ Expiration date
Credit card number	
Name of cardholder as shown on credit card	
_____	\$ _____
Cardholder signature	Amount
The non-refundable application fee is \$150	

OMHC Fiscal use only:	
<input type="checkbox"/> Approved	_____
	Signature/Date
<input type="checkbox"/> Denied	_____
	Signature/Date
<input type="checkbox"/> Incomplete	_____
	Signature/Date
Comments: _____	

OTHER LICENSE(S) HELD

If you have a valid installers license from another state, list the other state(s) where you hold a valid installers license:

_____, _____, _____, _____
(Also provide a photo copy of those licenses)

REFERENCE LETTERS

Three letters of reference are required. Persons signing the letters of reference must be installers, retailers, manufacturers, manufactured home park operators, design professionals or certified manufactured home inspectors familiar with your installation work experience and competency. **(Attach all three letters to this application)**

EMPLOYMENT HISTORY

List your work history beginning with your most recent position. Describe in detail your duties, responsibilities, and technical areas. For evaluation of your education for experience credit, attach a copy of your transcript, diploma, certificate, or degree. Experience verification Form # 1301 on page 5 must accompany this application. See attached instructions. Self-verification is not acceptable.

Please print

Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Describe work performed: _____ _____	
Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Describe work performed: _____ _____	
Employer's name: _____	Period of employment:
Address: _____ _____	From: _____ To: _____
Phone: () _____	Hours worked per week: _____
Describe work performed: _____ _____	

- I have installed manufactured homes for at least one year.
- ALL REQUIRED ITEMS AS LISTED ON PAGE 4 OF THIS FORM ARE ATTACHED

By my signature, I affirm the information I provided is true, correct, and complete. I understand incorrect statements or omission of material facts may result in denial of this application.

Applicant signature: _____ Date: _____



Manufactured Home Installer Experience Verification Form

Ohio Manufactured Homes Commission
5650 Blazer Parkway, Suite 100, Dublin, Ohio 43017
Phone: (614) 734-8454 • Fax: (614) 734-8531
Website: <http://www.omhc.ohio.gov/>

Mail with application to:
OMHC
5650 Blazer Parkway, Suite 100
Dublin, Ohio 43017

To the applicant and the verifier: This form is to be completed only if the applicant is applying for a manufactured home installer's license. It must be signed by the verifier in the presence of a notary.

SUPERVISOR/VERIFIER/APPLICANT INFORMATION *

Name of Verifier: _____ Name of Applicant: _____

Address: _____ Address: _____

Position or title: _____ Phone: _____

Phone: _____

Notarized verification of qualifications is required for certification with the State of Ohio. Your prompt return of this form to the applicant, filled out as completely as possible, will expedite the disposition of his or her application and will be appreciated. Thank you for your assistance.

Tell in your own words what you know of the applicant's experience. Give the name of employer and dates of employment. Describe applicant's position and type of work performed. Describe the kinds of buildings, structures, or projects worked on. Give any other details that might help evaluate experience. Additional sheets may be attached.

VERIFIED EXPERIENCE

I certify I know the applicant and have direct knowledge the applicant has installed homes for a least one year. From:

Month: _____ Year: _____ to Month: _____ Year: _____

as (position, title) _____ for (company name) _____

Duties, skills, function: _____

How was knowledge of the above facts acquired? _____

By my signature, I affirm the information I provided is true, correct and complete.

Signature of verifier: _____

NOTARY PUBLIC

State of: _____

County of: _____

Signed and sworn before me on (date): _____

Notary public: _____

My commission expires: _____

This space is reserved for
notary stamp.

* A verifier is a retailer, manufacturer, manufactured home park operator, design professional, building official or installation supervisor for the most recent home installation performed.

**Statement Affirming Intent to Complete
Training and Examination**

I, _____, affirm that I will complete an Ohio
Manufactured Homes Commission (OMHC) approved installation training course no
later than October 1st, 2007 and I will provide the OMHC with proof of completion of
the training course.

I also affirm I will provide evidence of passing the installation examination prior to
November 1st, 2007 to the OMHC.

By my signature, I affirm that I also understand that my license to install manufactured
homes in Ohio is contingent upon the timely completion of the training course and
examination and that failure to provide evidence of course completion no later than
October 1st, 2007 or failure to provide evidence of passing the examination prior to
November 1st, 2007 to OMHC may result in the denial, revocation or suspension of my
license.

Applicant's Signature

Date

**List Your Five Most Recent Manufactured Homes or
Home Components Installed in Ohio**

1. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

2. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

3. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

4. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

5. Homeowner Name _____
Homeowner Address _____
Homeowner Telephone Number _____
Home Manufacturer's Name _____
Home Serial Number _____
Home Location (if different than above) _____
Describe work you performed briefly _____

* If information is unobtainable, explain.

Letter of Reference

Reference in regard to:

(Applicant) _____
(Name)

The above named applicant seeks a license to install manufactured homes in Ohio. Provide a statement regarding the applicant's competency and installation experience below.

(Print Name)

(Signature) (Date)

(Telephone Number, with area code)

Number of years you have known applicant: _____

Statement Regarding Felony Conviction

I, _____, affirm I
(print name)

have not

have

been convicted of a felony or crime of moral turpitude. (If you have been convicted, explain. Include type of felony or misdemeanor conviction, case number, state and county of conviction and date of conviction.)

Explanation: _____

(Signature)

(Date)