

2016-2017 REGISTERED INSTALLER MANUFACTURED HOME APPLICATION
 NORTH DAKOTA DEPARTMENT OF COMMERCE
 DIVISION OF COMMUNITY SERVICES
 SFN 58299 (01/16)

(Check one) <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal (Registration No. _____)		Date of Application	
Name		Address	
City		State	ZIP Code
Email	Phone	Cell	Fax

Installation Experience (new applicant only)			
From		To	
Company Name	Phone	Supervisor	Phone
Job Description (if more space is needed provide attachments)			
OR			
Installation Equivalent Training & Testing			
Who Provided Training			Date of Training

- Required Attachments:**
- Registered Installer Application (SFN 58299) must be **NOTARIZED**
 - Copy of contractor's liability insurance in the amount not less than \$100,000 with provision to notify the DCS upon cancellation
 - Copy of letter of credit, certificate of deposit, or surety bond in the amount of \$10,000 with provision to notify the DCS upon cancellation
 - Copy of valid driver's license or copy of birth certificate (new installers only)

Registration Fee must accompany this form. Please make checks payable to: **ND Department of Commerce**

<input type="checkbox"/> Registration	\$150.00
<input type="checkbox"/> Training Manual (if needed)	<u>25.00</u>
Total	\$175.00

I, the undersigned principal (applicant), do hereby declare under penalty of perjury, that all information provided in this application is accurate to the best of my knowledge.

Applicant Signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____ by

 Applicant Name

 Notary Public

My Commission Expires _____