

**2018-2019 REGISTERED INSTALLER MANUFACTURED HOME APPLICATION**

NORTH DAKOTA DEPARTMENT OF COMMERCE  
 DIVISION OF COMMUNITY SERVICES  
 SFN 58299 (01/18)

<b>(Check one)</b> <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)

Application Fee must accompany this form and submitted by January 31, 2018.  
 Please make checks payable to: **ND Department of Commerce**

<input type="checkbox"/> Registration	\$150.00
<input type="checkbox"/> Training Fee	50.00
<input type="checkbox"/> Training Manual (if needed)	25.00
<b>Total</b>	<b>\$225.00</b>

**NOTE: A late fee of \$25 will be assessed for all registrations after the January 31, 2018 deadline.**

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 \_\_\_\_\_