

Application for Manufactured Home Installer License

Please fill the form out completely and legibly.

OFFICE USE ONLY	Transmittal Number	Check Number	Check Amount
SECTION A	GENERAL INFORMATION		
<ul style="list-style-type: none"> • Installer licenses are issued to an individual and cannot be used to license an entire entity. • License fee is \$ 300.00 per licensee. • The Installer License is valid for a period of 3 years from the date of issuance. • Licenses are not transferable. • Licensee shall notify the Corporation in writing within 30 days of any Change of information required on this form. 			
SECTION B	PLEASE COMPLETE THE FOLLOWING		
<input type="checkbox"/> Existing License	<input type="checkbox"/> New License	If Existing, please provide copy of license	
SECTION C	COMPANY'S INFORMATION (if applicable)		
Company Name			
Company Address			
Company City/State/Zip			
County			
Phone Number		Fax Number	
SECTION D	INSTALLER'S INFORMATION		E-Mail:
Installer Name		Date of Birth: (mm/dd/yyyy)	
Installer Address			
Installer City/State/Zip			
Phone Number		Fax Number	
LICENSE APPLICATION CHECKLIST			
<input type="checkbox"/> Completed Application			
<input type="checkbox"/> License fee of \$300.00			
<input type="checkbox"/> Copy of passing Certificate issued by the KHRC certified training course (for new applications only)			
<input type="checkbox"/> Proof of General Liability Insurance (\$200,000) * Kansas Housing Resources Corporation is to be listed as the certificate holder*			
<input type="checkbox"/> Proof of Workman's Compensation Insurance or Proof of Workman's Compensation exemption (A copy of the exemption is required.)			
I am claiming exemption under Section 287 for worker's compensation for the following reason:			
___ Sole Proprietor with no employees			
___ Partner in a partnership with no employees			
___ A corporation that has filed a Notice of Election with the Division of Worker's Compensation (include a copy of the Notice of Election).			
Questions concerning affidavit for exemption to Worker's Compensation contact Division of Worker's Compensation at 800-332-0353.			
By my signature below, I represent under penalty of perjury that my representations on this application are true and complete and I have not been found responsible in any administrative action for any Violation of the Kansas Manufactured Housing Act or its rules. I further commit to abide by the Act and its rules if I am successful in receiving a license.			
SECTION E	Signature		Date
PLEASE MAIL COMPLETED APPLICATION & FEE TO:		MAKE CHECKS PAYABLE TO: Kansas Housing Resource Corporation	
Kansas Housing Resource Corporation Manufactured Housing Program 611 South Kansas Avenue, Suite 300 Topeka, KS 66603-3803		PHONE: 800-752-4422 FAX: 785-232-8084 E-MAIL: info@kshousingcorp.org WEB: www.kshousingcorp.org	