

PUBLIC PROTECTION CABINET DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION LICENSING BRANCH 500 MERO STREET

FRANKFORT, KENTUCKY 40601 (502) 573-2002 FAX (502) 573-1598



LICENSE AND CERTIFICATION RENEWAL APPLICATION

Name [Company or individual]:		
2. Business or Personal Address:		
City:	State:	Zip:
County:	Current License # or Certification #:	
Phone: Fax:	E-mail:	
3. Mailing Address:	City:	State: Zip:
4. Name of Chief Managing Officer:		
5. *** An Updated Certificate of Insurmust be listed as a certificate holder.	rance MUST be attached. The Depar	tment of Housing, Buildings and Construction
6. *** Retailer License ONLY: A copy	of your current Certified Installer Car	rd MUST be attached or:
Name of Certified Installer/Manager:		Certification #:
7. Renewal Fee. Please enclose the require the renewal application:	red renewal fee by check or money orde	er payable to the Kentucky State Treasurer with
 a. \$500 fee for certificate of accepts. b. \$250 fee for licensed retailer (r. c. \$200 fee for licensed retailer (r. c. \$50 fee for a certified installer 	manufactured homes) recreational vehicles); or	
8. Certified Installers ONLY: Provide compensation insurance.	e proof of completion of continuing ed	ucation requirements AND Proof of workers'
*** Please note that if you do not send is or certification will automatically be ma		formation by the required date, your license
INITIAL ALL THAT APPLY:		
have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United St ES or NO you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a license or certification this time. Please contact the Licensing Branch for further information.		
		ntucky Higher Education Assistance Authority, Please contact the Licensing Branch for further
Signature of Applicant:		DATE:

