



DEPARTMENT OF HOUSING, BUILDING & CONSTRUCTION  
MANUFACTURED HOUSING  
101 SEA HERO ROAD, SUITE 100  
FRANKFORT KY 40601-5412  
(502) 573-1795 FAX (502) 573-1059

**CERTIFIED INSTALLER RENEWAL APPLICATION**

**This application must be COMPLETED in detail or will not be reviewed.**

Please complete the following application and return to the above address by the last day of your birth month.

1. **Renewal Certification:**  
**Individual Applicant:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
**OR** \_\_\_\_\_ **Name**  
**Certified Manager/Owner:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
\_\_\_\_\_ **Name**  
**FOR**  
**Associated Retailer:** \_\_\_\_\_  
\_\_\_\_\_ **Name**
2. **Copy of Certificate of Achievement from five (5) hour Certified Installer Course.**
3. **Proof of Workers Compensation Insurance OR a Notarized Waiver of Exemption.**
4. **FEE: Please remit the renewal fee of \$50.00. (see Payment Option Page enclosed).  
Your license will expire on the last day of your birth month EACH year. You will be required to attend a 5 hour continuing education class prior to renewing.**

**An installer of manufactured or mobile homes shall be required to renew their Certification annually (815KAR 25:080).**

Mailing Address: Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

The applicant has read the statement contained in this application and states that the same are true and correct. The statements made herein are made under full and complete knowledge that fraudulent or misleading statements may be grounds for suspension, revocation or denial of the Certificate for which this application is submitted.

**THIS SECTION MUST BE INITIALED:**

\_\_\_\_\_ (Initial) I am not in default of any student loans backed by the KHEAA (Kentucky Higher Education Assistance Authority). I understand that if I am in default of any student loans backed by KHEAA, I cannot receive a **Kentucky Certified Installer or Certified Manager/Owner Certification** at this time.

\_\_\_\_\_ (Initial) I confirm that all information contained in and submitted with this application is current and true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature of Applicant (Individual taking exam)

