

**PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
LICENSING BRANCH
500 MERO STREET
FRANKFORT, KENTUCKY 40601-5412
(502) 573-2002 FAX (502) 573-1598**

LICENSE AND CERTIFICATION RENEWAL APPLICATION

Please Select One: [] Licensed Retailer (Manufactured Homes) [] Licensed Retailer (Recreational Vehicles)
[] Certificate of Acceptability [] Certified Installer (Manufactured Homes)

1. 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 Insurance MUST be attached.** The Department of Housing, Buildings and Construction must be listed as a certificate holder.

6. ***** Retailer License ONLY: A copy of your current Certified Installer Card MUST be attached or:**

Name of Certified Installer/Manager: _____ Certification #: _____

7. Renewal Fee. Please enclose the required renewal fee by check or money order payable to the Kentucky State Treasurer with the renewal application:

- a. \$500 fee for certificate of acceptability;
- b. \$250 fee for licensed retailer (manufactured homes)
- c. \$200 fee for licensed retailer (recreational vehicles); or
- c. \$50 fee for a certified installer (manufactured homes).

8. **Certified Installers ONLY:** Provide proof of completion of continuing education requirements **AND** Proof of workers' compensation insurance.

***** Please note that if you do not send in this application and the required information by the required date, your license or certification will automatically be made inactive.**

INITIAL ALL THAT APPLY:

I have been convicted of a felony or a misdemeanor in the Commonwealth of Kentucky, any other state, or the United States.
YES ____ **or NO** ____.

If you marked yes you have been convicted of a felony or misdemeanor, you might not be able to receive a license or certification at this time. Please contact the Licensing Branch for further information.

Signature of Applicant: _____ DATE: _____