

Minnesota Department of Labor and Industry
 Construction Codes and Licensing Division
 Licensing / Manufactured Structures
 443 Lafayette Road North
 St. Paul, MN 55155-4341
 Phone: (651) 284-5068 Fax: (651) 284-5749
 www.doli.state.mn.us TTY: (651) 297-4198

Application for Registration Form Manufactured Home Installer / Individual Proprietor

NOTE: Application must be accompanied with the following forms:

1. Copy of Manufactured Home Installer License

| | |
|--------------------|-----------------|
| IDENTIFICATION NO. | EXPIRATION DATE |
|--------------------|-----------------|

NOTICE: When completing (below) the name of Company, Owners Name, Bond, Addresses, etc. all must be matched up identical to License issued by the Department of Commerce.

This Company is: (check one) Manufacturer Dealer Park Operator Service Company

This application is for: Installation Seals

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED TO SENDER

 COMPANY NAME

 ADDRESS

 CITY STATE ZIP CODE

| | | |
|----------------------|--------------------|--------------|
| OFFICE TELEPHONE NO. | HOME TELEPHONE NO. | OWNER'S NAME |
|----------------------|--------------------|--------------|

I have a copy of the rules (Chapter 1350) and have read and will comply with the installation requirements of the Minnesota Manufactured Home Building Code (Chapter 1350) and will affix Minnesota Manufactured Home Installation Seals only to those manufactured homes where support systems, utility connections, and anchoring systems comply with the code (Chapter 1350).

| | |
|--------------------|------|
| SIGNATURE OF OWNER | DATE |
|--------------------|------|

| | |
|----------------------|------|
| SIGNATURE OF WITNESS | DATE |
|----------------------|------|

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

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|------------------------|---------------|-------------|------------------|------------------|
| Office Use Only | DATE RECEIVED | DATE ISSUED | SEAL - CHECK NO. | REGISTRATION NO. |
| | | | | MI - |