

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION STATE OF NEW HAMPSHIRE  
DIVISION OF TECHNICAL PROFESSIONS  
121 South Fruit Street, Suite 201  
Concord, N.H. 03301-2412  
Telephone 603-271-2219 · Fax 603-271-6990

PETER DANLE S  
Executive Director



LINDA CAPUCHINO  
Division Director

Manufactured Housing Installation Standards Board  
Chairman Gary Francoeur, NH OPLC – Technical Division  
121 South Fruit Street, Suite 201, Concord, NH 03301  
Telephone: (603) 271-2219 Fax: (603) 271-6990  
Email: Linda.balich@nh.gov

**APPLICATION FOR LICENSURE AS A MANUFACTURED HOUSING INSTALLER  
FORM INST 3**

No person shall install a manufactured house in New Hampshire without a license. In order to apply for an Installation License the applicant must be:

1. At least eighteen (18) years of age;
2. Have two years experience as an installer or manufactured housing or equivalent installation experience;
3. Proof of successfully completing six hours of installation training. (Please attach)
4. Attach passport size photo of applicant (2" x 2")
5. Include license fee \$75.00
6. Completed application form Inst 3
7. Proof of financial responsibility in the form of a Bond or letter of credit in the amount of \$25,000.00. Board will accept only letters of credit and a bond from a company licensed to do business in the State of New Hampshire. The bond must name as "obligee" the "Treasurer, State of New Hampshire and any person aggrieved under RSA 205-D."

- PLEASE TYPE OR PRINT LEGIBLY.
- BOARD WILL ACKNOWLEDGE RECEIPT OF APPLICATION IN TEN (10) DAYS AND SHALL NOTIFY APPLICANT OF ANY DEFICIENCIES.
- FAILURE TO REMEDY DEFICIENCIES WILL RESULT IN DISMISSAL OF APPLICATION.

Enclosed find materials necessary for licensure as a manufactured housing installer. Your application will be acted upon by the Board within forty-five (45) days from receipt. Any applicant who has been denied a license may request a hearing pursuant to Inst. 209. Under Inst. 301.05 Board may require a background check.

Technical questions must be submitted in writing to the Board for review. You may contact the Board office at the above address or by email at [linda.balich@nh.gov](mailto:linda.balich@nh.gov)

1. Applicant name and any other names previously used for self or business:

Full Legal Name: \_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**2. Three (3) character references not related to the applicant having knowledge of the applicant's professional character or reputation may attest to the reputation of the applicant and is related to the manufactured housing, building construction, banking or other relevant field. (per Inst 301:04 (a) (6)):**

a) Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

b) Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

c) Name: \_\_\_\_\_ Occupation \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Two (2) years work experience related to the installation of manufactured housing or equivalent construction

a) Employer: \_\_\_\_\_

Self employed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Type of business: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

b) Employer: \_\_\_\_\_

Self employed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Type of business: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

c) Employer: \_\_\_\_\_

Self employed: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Type of business: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Educational/Training history:

- a. Completed high school or GED  Yes  No  
b. Completed Associate degree  Yes  No  
c. Completed Bachelor Degree  Yes  No

Name of school: \_\_\_\_\_

Degree/diploma/certificate: \_\_\_\_\_

- d. Completed certificate (additional training)  Yes  No

Training/experience/certificates: \_\_\_\_\_

#### 5. Licensing History:

- a. Are you currently licensed to install in another state:  Yes  No

States licensed in: \_\_\_\_\_

- b. Have you been previously licensed to install in another state:  Yes  No

States previously licensed in: \_\_\_\_\_

- c. Have you ever been denied a license to install in another state:  Yes  No

Explain: \_\_\_\_\_

- d. Has the applicant been subject to disciplinary action in any state?  Yes  No

If yes explain: \_\_\_\_\_

#### 6. Criminal History

- a. In the Last 3 years has the applicant been convicted of mishandling of funds, or other property entrusted to the applicant by another party?  Yes  No

If yes, please explain and name court of conviction and disposition: \_\_\_\_\_

- b. Has applicant ever filed bankruptcy?  Yes  No

If yes give dates of prior filing: \_\_\_\_\_

- c. Has applicant ever been convicted of a misdemeanor, felony or crime other than a minor traffic offense that has not been annulled?  Yes  No

If yes explain: \_\_\_\_\_

d. Has applicant ever been sued civilly?

Yes

No

If yes explain: \_\_\_\_\_

e. Has applicant ever been convicted of a crime involving a lack of trustworthiness?

Yes

No

If yes, please explain and give date and name of court \_\_\_\_\_

7. If you do not live in the State of New Hampshire:

I \_\_\_\_\_ appoint and/or designate as my New Hampshire agent for service of process (check one):

[ ] The following person:

Name: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ NH \_\_\_\_\_  
(number and street) (city) (zip code)

or

[ ] The New Hampshire Secretary of State and notice will be sent to my address on file with the Board by registered mail pursuant to RSA 510:4, II.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies or failure to disclose may result in suspension or a recommendation of suspension. If in the application the applicant responds in such a manner that puts his or her trustworthiness into question, the board shall conduct an investigation or interview of the applicant as deemed necessary.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Sworn and subscribed to before me \_\_\_\_\_  
(Print Name of Notary)

This \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Public or Justice of the Peace Signature

Commission expires

If applicant is approved applicant wishes to pick-up license?

Yes

No

If applicant is approved applicant wishes to receive it in the mail?

Yes

No

**Credit Card Sheets are not accepted via e-mail**

**You may pay your fee with a credit card by filling out this form. Please make sure that all information is correct and up to date. Indicate what the fee is for under transaction type.**

**This page will be destroyed after the transaction has taken place.**

Transaction Type:		Amount Due:	
Card Type: (please select one)		<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard <b>(required)</b>
Card Number			<b>(required)</b>
Expiration Date:	Month:	Year:	<b>(required)</b>
<b>Billing Name and Address (your billing address must match the address associated with the credit card you are using.)</b>			
Name on Card:			
Billing Address:			
City:			
State/Province:			
Zip/Postal Code:			
Country:			
Authorization Signature :			