

PETER DANLES
 Executive Director

LINDA CAPUCHINO
 Division Director



MANUFACTURED HOUSING INSTALLER RENEWAL FORM

Part I. LICENSEE INFORMATION

LICENSE EXPIRATION DATE _____	AMOUNT DUE _____
NAME _____	LICENSE # _____
<input type="checkbox"/> HOME ADDRESS _____	
_____	HOME PHONE _____
<input type="checkbox"/> BUSINESS NAME & ADDRESS _____	
_____	WORK PHONE _____
Indicate mailing address by check box	
HOME/BUSINESS EMAIL ADDRESSES _____	
_____	FAX # _____

Part II. FEE SCHEDULE	CRITERIA	PAYMENT INFORMATION
<input type="checkbox"/> Renewal Fee \$50.00	Payable by last day of the month of licensee's birth.	Make check payable to "Treasurer, State of New Hampshire" OR use the enclosed credit card sheet.
<input type="checkbox"/> Late fee \$10.00	Include \$10.00 for up to two months late. If more than two months late a new license application is required.	

PART III. ADDITIONAL REQUIREMENTS – Missing items will delay your license.

<input type="checkbox"/> Bond	Include proof of your \$25,000.00 surety bond. Bonds shall name as obligee Treasurer, State of NH and any person aggrieved under RSA 205-D.
<input type="checkbox"/> Continuing Ed	Attach certificates for continuing education required per 304.01 (c).

PART IV. QUESTIONS	Include a written explanation if "Yes"	YES	NO
1. Have you ever been convicted of any felony or any misdemeanor, or a any crime other than a minor traffic offense that has not been annulled?		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever lost or been denied registration/licensure as a manufactured Housing Installer or been disciplined by a licensing board in any other state?		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been convicted of mishandling funds or other property entrusted to you by another party, and if so, the court of conviction and disposition		<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been sued civilly, include the date and the name of the court.		<input type="checkbox"/>	<input type="checkbox"/>
5. Have you filed bankruptcy, and if so include the dates of prior filings.		<input type="checkbox"/>	<input type="checkbox"/>

PART V. CERTIFICATION

ACKNOWLEDGEMENT
 I certify to the best of my understanding, knowledge and belief that I acknowledge that the submission of false information shall be the basis for denial or disciplinary action by the Board; and

CONTINUING EDUCATION
 I attest that the information contained in this form true and correct to the best of my knowledge and belief and complies with the continuing education requirement of Inst. 304.01(c).

SIGN HERE _____

Find us on-line at

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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.

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

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