



Manufactured Dwelling Installer and Limited Installer License Application

Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
Mailing address: P.O. Box 14470, Salem, OR 97309-0404
Phone: (503) 373-1268 • Fax: (503) 378-2322 • TTY: (503) 373-1358
Web: bcd.oregon.gov

Mail application with payment to:

DCBS Fiscal Services
P.O. Box 14610
Salem, OR 97309-0445

APPLICANT INFORMATION			
Name: Last	First	Middle initial	Phone: ()
Address (street or P.O. Box):			Fax: ()
City:	State:		ZIP:
Social Security number (Required, ORS 25.785): - -			E-mail:
EMPLOYER INFORMATION			
Employer*:			Phone: ()
Address:		Construction Contractor Board reg. no.:	
City:	State:	ZIP:	
TYPE OF APPLICATION (CHOOSE ONE)			
<input type="checkbox"/> Manufactured dwelling installer.....	\$55	<input type="checkbox"/> Limited installer (skirting).....	\$55
<input type="checkbox"/> Limited installer.....	\$55	<i>Application fees are not refundable.</i>	
CLASS SELECTION AND LOCATION			
Class name:		Date:	City:
EMPLOYMENT HISTORY			
List your work history, beginning with your most recent position, on the back of this form. Describe in detail your duties, responsibilities, technical areas, type of buildings and occupancies, etc. If more space is needed, attach additional sheets. If you intend to substitute education for experience, attach a copy of college transcript, diploma, certificate, or degree. If applying for manufactured dwelling installer license only, verification of work experience must accompany this application. See attached instructions. Self-verification is not acceptable.			
DEPARTMENT USE ONLY			
<input type="checkbox"/> Approved	Signature: _____	Date: _____	
<input type="checkbox"/> Denied	Signature: _____	Date: _____	
<input type="checkbox"/> Incomplete	Signature: _____	Date: _____	
Fee paid: \$ _____		Comments: _____	

Make check or money order payable to Oregon Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** send cash.

Applicant **must sign** back of application. (Turn page for work history.)

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	Phone: ()
Credit card number		Expiration	
Name of cardholder as shown on credit card			
Cardholder signature		\$	Amount

Fiscal use only: 12104/0600

***If self-employed, use your assumed business name for employer.**



EMPLOYMENT HISTORY

List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, type of buildings and occupancies, etc. If more space is needed to list experience, please attach additional sheets.

Please print

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
	Hours worked per week:
Phone: ()	Position/title:

Describe work performed: _____

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
	Hours worked per week:
Phone: ()	Position/title:

Describe work performed: _____

Employer's name:	Period of employment:
Address: _____ _____	From: _____ To: _____
	Hours worked per week:
Phone: ()	Position/title:

Describe work performed: _____

VERIFICATION OF WORK EXPERIENCE

All applicants must submit a separate verification, filled out and signed by the employer, for each place of employment used to qualify for a certification. Use form 440-2501A.

EDUCATION AND RELATED CERTIFICATIONS

Education may be used to meet certification requirements. If you intend to substitute education for experience, attach a copy of your college transcript, diploma, certificate, or degree.

List current/active certifications or registrations:

Type:	No.:	Expires:
Type:	No.:	Expires:
Type:	No.:	Expires:

By my signature, I affirm the information I provided is true, correct, and complete. I understand incorrect statements or omission of material facts may result in denial of this application.

Applicant signature: _____ Date: _____



Manufactured Dwelling Installer Experience Verification

Department of Consumer & Business Services
Building Codes Division • 1535 Edgewater St. NW, Salem, Oregon
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Web: bcd.oregon.gov

Mail verification to:
Building Codes Division
P.O. Box 14470
Salem, OR 97309-0404

APPLICANT INFORMATION (please print)

Name (applicant): _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____ E-mail: _____

Verification of experience is required for licensure as a manufactured dwelling installer.

VERIFIER INFORMATION

Name of verifier: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: () _____ Fax: () _____ E-mail: _____

VERIFIED EXPERIENCE

Describe your knowledge of the applicant's experience. Fill in the name of employer and dates of employment. Describe applicant's position and type of work performed. Describe the types of buildings, structures, or projects on which the applicant worked. Give any other details that will aid in evaluating experience. Additional pages may be attached.

I certify that I know the applicant and have direct knowledge that the applicant was employed from
_____ to _____ as a: _____
Month/year Month/year

Applicant's position/title: _____

Company name: _____

Duties and responsibilities: _____

How was your knowledge of the applicant's experience acquired? _____

I certify that the foregoing statements are true and correct.

Signature of verifier: _____ Date: _____

APPLICATION PROCEDURES

Manufactured dwelling installer license:

1. Complete application (please print clearly).
 - A. Include complete name, address, and phone number (where you can be reached between the hours of 8 a.m. and 5 p.m.) with area code.
 - B. Indicate on the front page of this application the date and location of the class you plan to attend.
 - C. Complete name and address of current/previous employers, position title, and dates of employment.
 - D. Describe the type of work performed.
 - E. Sign and date application.
 - F. Submit your application and fee to the Building Codes Division.
2. Copies of the following **must** be included with Manufactured Dwelling Installer application:
 - A. Proof of work experience; applicant's statement of work experience alone is not acceptable.
 - B. Photo identification.

REQUIREMENTS FOR MANUFACTURED DWELLING INSTALLER

Note: This license may be issued to individuals only, not to a business, partnership, company, or other entity.

Qualifications:

Any of the following meet minimum experience requirements:

1. One year of experience as a manufactured dwelling installer or limited installer
2. Two years of experience in construction of manufactured dwellings
3. Two years of experience servicing or repairing manufactured dwellings
4. Two years of experience as a building construction supervisor
5. One year of experience as a building inspector
6. Completion of a one-year college course in building technology that is recognized by the Manufactured Structures and Parks Advisory Board
7. Any combination of experience or education in a related field totaling two years

The applicant must provide notarized documentation from current or previous employers or educators to verify the experience.

Education requirements:

Completion of a division-approved manufactured dwelling installation education program and a passing grade of at least 75 percent on the division-approved examination for manufactured dwelling and cabana installations.

Limited installer (skirting only):

1. Provide photo identification.
2. Submit application and fees.
3. Submit proof of training course completion.

After the requirements of OAR 918-515-0480 have been satisfied and the appropriate fee submitted, the division shall issue a limited installer (skirting only) license.

Limited installer:

1. Provide personal identification.
2. Submit application and fees.
3. Submit proof of training course completion.

After the requirements of OAR 918-515-0400 have been satisfied and the appropriate fee submitted, the division shall issue a limited installer license.

Note: An incomplete application will delay evaluation of your qualifications.