

ALABAMA MANUFACTURED HOUSING COMMISSION

350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
PH(334) 242-4036 FAX(334) 240-3178
WWW.AMHC.ALABAMA.GOV

APPLICATION FOR CERTIFICATE OF TRAINING (Not For Certification)

PLEASE TYPE OR PRINT LEGIBLY (INCOMPLETE APPLICATION WILL BE RETURNED)

PLEASE SELECT ONE OF THE FOLLOWING: MODULAR MANUFACTURED HOME (HUD)

NAME OF APPLICANT _____

Are you a citizen of the United States? Yes ____ No ____ (If no, please explain) _____

SOCIAL SECURITY# _____ - _____ - _____ DOB ____ / ____ / ____ DRIVER'S LICENSE# _____

HEIGHT _____ WEIGHT _____ COLOR HAIR _____ COLOR EYES _____

STREET ADDRESS _____
STREET/ROAD CITY STATE ZIP

MAILING ADDRESS _____
STREET/ROAD/P.O. BOX CITY STATE ZIP

PHONE# (____) _____ - _____ FAX# (____) _____ - _____ COUNTY _____

EMAIL ADDRESS _____

NUMBER OF YEARS EXPERIENCE IN MANUFACTURED HOME INSTALLATION _____

WERE YOU PREVIOUSLY CERTIFIED BY THIS COMMISSION? YES/NO _____ IF YES, CERT. NO. _____

Are you the spouse of active-duty military personnel applying for a license or provisional license pursuant to the "Military Family Jobs Opportunity Act," Section 31-1-6, Code of Alabama 1975? Yes _____ No _____

Pursuant to the provisions of the Rules and Regulations of the Alabama Manufactured Housing Commission, I hereby submit this application for training.

SIGNATURE OF APPLICANT _____ DATE _____

By placing my signature hereon, I attest that all information on this application is true and correct.

I WILL BE WORKING WITH CERTIFIED INSTALLER, NAME _____

CERTIFIED INSTALLER'S CERTIFICATION NUMBER _____

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED _____ DATE APPROVED _____

CHECK NUMBER _____ DATE TRAINEE COURSE COMPLETED _____