



New York State Department of State

# DIVISION OF CODE ENFORCEMENT & ADMINISTRATION

Manufactured Housing Unit  
One Commerce Plaza, Suite 1160  
99 Washington Ave.  
Albany, NY 12231  
518.474.4073 phone  
518.486.4487 fax

## APPLICATION FOR MECHANIC CERTIFICATION

The applicant identified below hereby applies to for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

**Instructions:** Complete all parts of this application by checking the applicable box(es) and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$100.00 fee, to the above address.

|   |                          |  |  |
|---|--------------------------|--|--|
| <b>APPLICANT'S INFORMATION</b>  |                          | Check applicable box: Applicant is a <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership<br><input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP Specify state of formation: |  |
| Applicant's Name:   |                          | If state of formation is not NY: Applicant <input type="checkbox"/> is or <input type="checkbox"/> is not authorized to do business in New York State.   |  |
| DBA (if any):   |                          | Telephone:<br>(     )  |  |
| Street Address:   |                          | Fax<br>(     )   |  |
| City, State, Zip:   |                          | Email:   |  |
| Mailing Address if different than above:  |                          |  |  |
| <b>EDUCATION</b><br>Do you have a High School or Equivalency Diploma OR US Armed Forces educational report indicating successful completion of general education development, high school level?  |                          | If YES , name and location of High School or Issuing Governmental Authority  |  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No   |                          | Year Issued  |  |
| <b>EXPERIENCE &amp; TRAINING</b>  |                          |  |  |
| <input type="checkbox"/> Minimum one year full time employment in the manufactured home industry OR<br><input type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.  |                          |  |  |
| <input type="checkbox"/> Completion of six hours of NYSDOS approved courses relating to manufactured homes including the Article 21-B introductory course OR<br><input type="checkbox"/> Applicant is currently certified or licensed as an mechanic by the State of _____ and is applying pursuant to 19 NYCRR 1210.08. <i>Article 21-B introductory course is required.</i> |                          |  |  |
| Indicate completed training   |                          |  |  |
| Course Name   | Course Location (County) | Course Completion Date   |  |
|   |                          |  |  |
|   |                          |  |  |

|  |   |                                   |                               |
|--|---|-----------------------------------|-------------------------------|
| <b>EMPLOYER</b><br>Length of Employment<br>Mo.      Yr.      To      Mo.      Yr.<br>From      /      /  | Firm Name                                     | Address                           | City and State                |
|  | Duties  |                                   |                               |
| Type of Business   |   |                                   |                               |
| Your Exact Title   |   |                                   |                               |
| Name of Your Supervisor  |   |                                   | No. of hours worked per week: |
| Individuals listed below have, or will apply for, Limited Certification as a Mechanic and are in the employ of the applicant.<br>Attach applications for Limited Certifications, herewith. |   |                                   |                               |
| Name   | Article 21-B Intro. Course<br>Completion Date | Certification No. (If applicable) |                               |
|  |   |                                   |                               |
|  |   |                                   |                               |
|  |   |                                   |                               |

Financial Security in the form of  Surety Bond  Deposit Account Control Agreement  Letter of Credit in the amount of \$5,000 satisfying the requirements of 19 NYCRR Part 1210.07(a) is submitted herewith.

The undersigned applicant hereby applies to the New York State Department of State for the certification indicated above and certifies that the information herein is correct to the best of Applicant's knowledge, information and belief and this application is filed pursuant to 19 NYCRR Part 1210, (Manufactured Homes).

|  |                               |
|--|-------------------------------|
| Signature of Applicant or Authorized Representative    | Title                         |
| Printed Name of Applicant or Authorized Representative | Daytime telephone<br>(      ) |