



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 LIMITED CERTIFICATION

The applicant identified below hereby applies for a limited certification as indicated, pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210. This application for certification may only be submitted by individuals employed by a person who, or a business entity which, is certified as a Manufacturer, Retailer, Installer or Mechanic holding current financial security. Limited certification carries the same rights and responsibilities of the Certified Individual or Business while employed within the scope of that certified individual or business.

**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 \$25.00 fee, to the above address.

<b>APPLICANT'S INFORMATION</b>		Check applicable box: Applicant is a: <input type="checkbox"/> Manufacturer, <input type="checkbox"/> Retailer, <input type="checkbox"/> Installer or <input type="checkbox"/> Mechanic	
Applicant's Name:			
Street Address:		Telephone: (     )	
City, State, Zip:		Fax (     )	
		Email:	
Mailing Address if different than above:			
<b>Financial Security is not required as applicant is employed by a Certified Manufacturer, Retailer, Installer or Mechanic. Financial security submitted by employer applies to applicant as an employee.</b>			
Employer's Name:		Employer's Certification No.	
DBA (if any):		Telephone: (     )	
Street Address:		Fax (     )	
City, State, Zip:		Email:	

### EDUCATION

The following educational requirements are applicable to all applicants

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name and location of High School or Issuing Governmental Authority	Year Issued

**EXPERIENCE AND TRAINING REQUIREMENTS**

Manufacturer: Not Applicable, HUD approval required

**Retailer:**

Minimum one year full time employment in the manufactured home industry OR  
 Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.

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Completion of three hours of NYSDOS approved Article 21-B introductory course

**Installer:**

Minimum two year full time employment in the manufactured home industry OR  
 Minimum two year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet OR  
 Substantial involvement in the installation of at least 20 manufactured homes in NYS

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Completion of sixteen hours of NYSDOS approved courses relating to the installation of manufactured homes including the Article 21-B introductory course OR  
 Applicant is currently certified or licensed as an installer by the State of \_\_\_\_\_ and is applying pursuant to 19 NYCRR 1210.08. *Article 21-B introductory course is required.*

**Mechanic:**

Minimum one year full time employment in the manufactured home industry OR  
 Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.

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Completion of six hours of NYSDOS approved courses relating to manufactured homes including the Article 21-B introductory course OR  
 Applicant is currently certified or licensed as a mechanic by the State of \_\_\_\_\_ and is applying pursuant to 19 NYCRR 1210.08. *Article 21-B introductory course is required.*

Indicate completed training

Course Name	Course Location (County)	Course Completion Date

<b>EMPLOYER</b> Length of Employment Mo.    Yr.    Mo    Yr. From    /    To    /	Firm Name	Address	City and State
	Duties		
Type of Business			
Your Exact Title			
Name of Your Supervisor			No. of hours worked per week:

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	Title
Printed Name of Applicant	Daytime telephone (    )