



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 RENEWAL OF LIMITED CERTIFICATION

This application for renewal of a Limited Certification may be submitted only by a person who is employed by a person who or a business entity which (1) is currently certified by New York State Department of State as a Manufacturer, Retailer, Installer or Mechanic and (2) has provided financial security (surety bond, letter of credit, or deposit account control agreement) which is currently in effect. A person holding Limited Certification is considered to be certified only when he or she is acting as an employee of his or her certified employer.

**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. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

<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:		Applicant's Certification No.	
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 Identification No.	
DBA:		Telephone: (     )	
Street Address:		Fax (     )	
City, State, Zip:		Email:	

The undersigned applicant hereby applies to the New York State Department of State for the renewal of a limited certification as indicated above and certifies that the information herein is correct to the best of its knowledge, information and belief and this renewal application is filed pursuant to 19 NYCRR 1210, Manufactured Homes.

Signature of Applicant	Title
Printed Name of Applicant	Daytime telephone (     )

[WWW.DOS.STATE.NY.US/CODE/MANUF.HTML](http://WWW.DOS.STATE.NY.US/CODE/MANUF.HTML)