



Division of Licensing Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-2001
Phone: (518) 474-4073
www.dos.ny.gov

Application for Limited Certification

The applicant identified below hereby applies for 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 fee to the above address.

Applicant's Information		Check applicable box: Applicant is a:	
		<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Retailer
		<input type="checkbox"/> Installer	<input type="checkbox"/> Mechanic
Applicant's Name:			
Street Address:		Telephone: ()	
City, State, Zip:		Fax: ()	
		Email:	
Social Security Number:		Federal Taxpayer ID:	
Mailing Address (if different than above):			
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.			
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

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Experience and Training Requirements

Manufacturer: Not Applicable, HUD Approval required

Minimum one year full time employment in the manufactured home industry OR

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

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

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 a 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.

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	Course Completion Date

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

By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

I affirm that I have read and understand the provisions of Article 21-B of the Executive Law and the rules and regulations promulgated thereunder. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Signature of Applicant	Date:
Printed Name of Applicant	Title:

PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, the Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.

Become an Organ and Tissue Donor

Organ donors save lives. If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS Donate Life Registry online at www.donatelife.ny.gov/register or complete the form below. Completed forms should be sent to the NYS Donate Life Registry by email – Registry@donatelife.ny.gov or, mail - NYS Donate Life Registry, 185 Jordon Road, Troy, NY 12180.

Fields with an asterisk (*) are required for enrollment. Upon receipt of your completed enrollment form, you will be sent an email or letter confirming your enrollment and providing you with information on how to limit your donation. I understand that by opting out of enrolling in the NYS Donate Life Registry, or skipping this question, will not impact or impair my ability to obtain services from the New York Department of State, Division of Licensing Services.



*Last name _____

*First name _____

Middle Initial _____ Suffix _____

*Address _____

*Apt. Number _____ *Zip Code _____

*City _____

*Birth date MM / DD / YYYY *Gender M F

Email address _____

DMV or IDNYC Number _____

By signing below, you certify that you are:

- 16 years of age or older;
- Consenting to donate your organs and tissues for transplantation and/or research in the event of your death;
- Authorizing the New York Department of State, Division of Licensing Services to transfer your name and identifying information to the NYS Donate Life Registry for enrollment; and
- Authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health in the event of your death.

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*Sign

*Date