

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 267-0592
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Office Location: 4822 Madison Yards Way
Madison, WI 53705
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Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING **MANUFACTURED HOME INSTALLER LICENSE APPLICATION INFORMATION**

Notice: Information collected may be used for participation surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, Wis. Stat. §§ 19.31-19.39. Social security numbers are required when applying for a license per Wisconsin statute, but they may not be disclosed to anyone except as authorized by law.

Reason for Credential: A person who holds a license issued by the Department as a licensed Manufactured Home Installer may install or supervise the installation of a manufactured home onto a foundation or other support system pursuant to Wis. Stat. § 101.96. No person may install a manufactured home onto a foundation or other support system unless the person holds a manufactured home installer license or is under the direct supervision of a person who holds the manufactured home installer license. The owner of a manufactured home who will reside in the home is exempt from this rule. This exemption does not apply to the owner who contracts for or otherwise arranges for the installation. A person is not required to hold a manufactured home installer license for electrical, plumbing, or HVAC work associated with the installation of a manufactured home.

Requirements of Credential: A person who installs or supervises the installation of manufactured homes as a licensed Manufactured Home Installer shall:

- Be at least 18 years of age,
- Not be found responsible in any judicial or administrative forum of any violation of Wis. Stat. § 101.96 during the two (2) years before the date on which the person's license application is submitted,
- Not be found responsible in any judicial or administrative forum during the two (2) years before the date on which the person's license application is submitted for any failure to perform an installation of a manufactured home as required under contract or for defrauding any person with regard to the provision of installation services,
- Be responsible for compliance with the installation requirements of Wis. Admin. Code chs. SPS 321 and 327, and
- Carry on his or her person the license issued by the Department while performing or conducting the activity or activities permitted under the license.

Applying for Manufactured Home Installer License

A person may obtain a credential as a licensed Manufactured Home Installer by submitting an application, an application fee, the license fee, and one of the following:

Method 1	Evidence that the person holds a manufactured home installer license issued by the federal Department of Housing and Urban Development. Attach a copy of the federal license.
Method 2	Evidence that the person holds a manufactured home installer license issued by a state administrative agency (SAA) that has an installer licensing program that is equivalent to the rules under this section. Attach a copy of the state license and attach the petition for variance form (SBD-9890) to demonstrate equivalency along with a check for the petition in the amount of \$200.00 made payable to State of WI - DSPS. See Wis. Admin. Code ch. SPS 303.
Method 3	Evidence that the person has completed at least 12 hours in an approved course or courses in the installation of manufactured homes within one year prior to the date of application. The course or courses shall include instruction in at least the following subject matter and one or more tests on the subject matter: a. Soil mechanics. b. Site preparation. c. Structural support, stabilization and anchorage. d. Setting. e. Ventilation of crawlspaces. f. Connections, plumbing, electrical, HVAC. g. Joining of home sections. Attach evidence that you have successfully completed an approved course.

IMPORTANT NOTE: Make a copy of the completed application for your records.

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The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).

PLEASE TYPE OR PRINT IN INK Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).

Last Name <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>	MI <input style="width: 95%;" type="text"/>	Former / Maiden Name(s) <input style="width: 95%;" type="text"/>
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Address (street, city, state, zip code) <input style="width: 95%;" type="text"/>	Daytime Telephone Number <input style="width: 95%;" type="text"/>
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Mailing Address (if different) <input style="width: 95%;" type="text"/>	Fax Number (if available) <input style="width: 95%;" type="text"/>
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Date of Birth (Applicant must be at least 18 years old.) / /

E-mail Address

Social Security Number <input style="width: 95%;" type="text"/>	<small>Your Social Security Number or Employer Identification Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.</small>
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Ethnicity/gender status information is optional.

Ethnicity: White, not of Hispanic origin American Indian or Alaskan Hispanic
 Black, not of Hispanic origin Asian or Pacific Islander Other

Sex: M F

APPLICATION FEE: Make check payable to DSPS and attach to application form.

**For Receipting Use Only
 (Class Code 7511)**

- I am seeking a Veteran Fee Waiver**
 (for Initial Credential Fee only, see page 2 for further information)
- Method 1**
 \$ 15.00 Application Fee (nonrefundable)
 \$100.00 Initial Credential Fee (nonrefundable)
\$115.00 Total Fee Attached
- Method 2**
 \$ 15.00 Application Fee (nonrefundable)
 \$100.00 Initial Credential Fee (nonrefundable)
 \$200.00 Petition for Variance (include Form SBD-9890)
\$315.00 Total Fee Attached
- Method 3**
 \$ 15.00 Application Fee (nonrefundable)
 \$100.00 Initial Credential Fee (nonrefundable)
\$115.00 Total Fee Attached

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ARE YOU A VETERAN? If yes, please view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____

If you qualify, are you requesting equivalency of your military training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or dva.wi.gov for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential? Yes No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

CONTINUING EDUCATION AND RENEWAL: The license, once issued, will be valid for four (4) years from the date of issuance. The renewal of a license as a Manufactured Home Installer shall be contingent upon the installer obtaining at least 12 hours of acceptable continuing education (CE) by the expiration date of his or her credential. A person who holds a license as a manufactured home installer may apply to the Department for waiver of CE on the grounds of prolonged illness or disability or similar circumstances (Wis. Admin. Code ch. SPS 305). Each application for waiver shall be considered individually on its merits by the Department.

ANSWER THE FOLLOWING QUESTIONS. (Attach additional sheets if necessary.)

1.	Have you been found responsible in any judicial or administrative forum of any violation of Wis. Stat. § 101.96 during the two (2) years before the date on which you submitted this license application? If yes, please provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you been found responsible in any judicial or administrative forum during the two (2) years before the date on which you submitted this license application for any failure to perform an installation of a manufactured home as required under contract or for defrauding any person with regard to the provision of installation services? If yes, please provide details on an attached sheet.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If the credential is issued, do you accept responsibility for compliance with the installation requirements of Wis. Admin. Code chs. 321 and 327 <u>and</u> to carry on your person the license issued by the Department while performing or conducting the activity or activities permitted under the license? ?	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

A citizen or national of the United States, or

A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Signature: _____ Date: ____/____/____

(Print and Sign Form)