



JOHN W. OXENDINE
 COMMISSIONER OF INSURANCE
 SAFETY FIRE COMMISSIONER

www.gainsurance.org

**Application to Georgia Safety Fire Commissioner
 For License or Registration to Set-Up/Install Manufactured Homes**
Make check in the amount of \$200.00 payable to: GA. DEPT. OF INSURANCE
and return application to:
MANUFACTURED HOUSING SECTION
2 Martin Luther King, Jr. Drive, West Tower, Suite 620
Atlanta, Georgia 30334
(404) 656-9498



Pursuant to the provisions of the Uniform Standards Code for Manufactured Homes Act, O.C.G.A. Section 8-2-160 et seq, I hereby submit this application for a license or registration to install new and/or pre-owned manufactured or mobile homes.

BUSINESS CLASSIFICATION: (Check One Corporation Partnership Sole Proprietorship
 If incorporated, year of incorporation: _____ State _____ If not incorporated, date company established: _____

PRINT/TYPE

Company Name / DBA _____ County _____
 Physical Address _____ Phone Number _____
 City _____ State _____ ZIP _____ Alternate Number _____
 Mailing Address (if different) _____ Fax Number _____
 Mailing City _____ Mailing State _____ Mailing ZIP _____ Email _____

Did you set any homes in 2006? Yes No

List all primary principals/owners and all corporate officers. Please provide notarized consent forms. (Print/Type)

Name	Position	Date of Birth	Social Security #	% Ownership

List all course participants.

Course Participants	Social Security #	Date Required Training Class Attended	Date Continuing Education Class Attended

If any course participant listed above ceases to perform duties with the organization, the Manufactured Housing Section must be notified immediately and informed of any replacement(s) and the dates the replacement(s) attended the above courses. All installers must have in their employ AT ALL TIMES at least one employee who has successfully completed the Required Training course.

Answers to the following questions are required for all applicants:

Have any of the principals/owners/course participants of the applying company:

YES NO

- | | | |
|--|--------------------------|--------------------------|
| A) Had a manufactured housing license refused, suspended or revoked in any state? | <input type="checkbox"/> | <input type="checkbox"/> |
| B) Had any other administrative or legal action instituted against them by any regulatory authority? | <input type="checkbox"/> | <input type="checkbox"/> |
| C) Been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| D) Been a party to voluntary/involuntary bankruptcy, receivership, or insolvency except as a creditor? | <input type="checkbox"/> | <input type="checkbox"/> |

Should any answers to the above questions be "YES", please attach a brief explanation on a separate sheet, including dates, locations, and company names along with any documents deemed pertinent. A "yes" response does not automatically mean denial of license.

In making this application, I certify that all of the information contained herein and on any attached sheets is true to the best of my knowledge. I understand that this application may be refused or the license or registration revoked if any information on this application is found to be fraudulent.

I further certify that all manufactured and mobile homes will be installed in compliance with the Act and the applicable rules and regulations, and I understand that failure to comply with the Act and rules and regulations may result in imposition of penalties as prescribed by law.

Signature * _____ Title _____ Date _____

* **NOTE: Must be signed by owner, partner or corporate officer.**