

**2016-2017 CERTIFIED INSPECTOR MANUFACTURED HOME APPLICATION**

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 58300 (01/16)

<b>(Check one)</b> <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal (Registration No. _____)					
Date of Application			Business or Local Jurisdiction		
Name			Name		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Email			Email		
Phone	Cell	Fax	Phone	Cell	Fax

List qualifications and experience (only for first time applicants):

List cities/counties where applicant will serve as a jurisdiction's inspector:

List county areas where applicant is willing to serve as an independent certified installation inspector:

Registration Fee must accompany this form. Please make checks payable to: **ND Department of Commerce**

<input type="checkbox"/> Registration	\$150.00
<input type="checkbox"/> Training Manual (if needed)	<u>25.00</u>
<b>Total</b>	<b>\$175.00</b>

I \_\_\_\_\_ declare under penalty of perjury, that all information provided in this application is accurate to the best of my knowledge.

Signature	Date
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**SEND TO: Manufactured Home Program • Division of Community Services • PO Box 2057 • Bismarck, ND 58502-2057**