

ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF ENVIRONMENTAL HEALTH
525 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS 62761

**RENEWAL APPLICATION FOR
MANUFACTURED HOME INSTALLER LICENSE**

The Manufactured Home Quality Assurance Act requires on site supervision by a licensed manufactured home installer for homes installed after December 31, 2001.

APPLICANT INFORMATION

NAME _____
Last Name First Name Middle Initial Social Security Number
ADDRESS _____ CITY _____ STATE _____ ZIP _____
PHONE _____ DATE OF BIRTH _____ EMPLOYER _____

It is required by law (5 ILCS 100/10-65) that all applicants complete and sign the following statement. Failure to complete and sign this statement will result in an incomplete application and delay in issuing your license. Making a false statement may place you in contempt of court. _____ **I am not** more than 30 days delinquent in complying with a child support order;
or _____ **I am** more than 30 days delinquent in complying with a child support order;
or _____ **This statement does not apply.**

Signature of Applicant

Date

FEE

Submit a check or money order made payable to the Illinois Department of Public Health for \$150. The fee is non-refundable.

IMPORTANT NOTICE

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 92-410. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION COULD RESULT IN DENIAL, REVOCATION OR SUSPENSION OF THE MANUFACTURED HOME INSTALLER LICENSE.

IL 482-1042