

**New Mexico Regulation and Licensing Department**  
**MANUFACTURED HOUSING DIVISION**  
 P.O. Box 25101 • Santa Fe, New Mexico 87504 • (505) 476-4770 • Fax (505) 476-4702  
 www.rld.state.nm.us/mhd

**APPLICATION FOR INSTALLER LICENSE**  
**APPLICATION FEE \$200.00**

MHD-1 \_\_\_\_\_ MHD-2 \_\_\_\_\_ MHD-3 \_\_\_\_\_

**APPLICANT DOING BUSINESS AS A:**

SOLE OWNER\_\_\_ PARTNERSHIP\_\_\_ CORPORATION\_\_\_ SUBSIDIARY\_\_\_

**DATE:** \_\_\_\_\_

**BUSINESS NAME:** \_\_\_\_\_

**Social Security No.:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

a) If partnership, the members of the partnership are: \_\_\_\_\_  
 \_\_\_\_\_

b) If corporation: Name and location of principal office:  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) (Telephone No.) \_\_\_\_\_

Please submit a copy of the Articles of Incorporation with the application.

c) If subsidiary: Name and location of principal office:  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) (Telephone No.) \_\_\_\_\_

Name and location of parent company's principal office:  
 \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) (Telephone No.) \_\_\_\_\_

**LOCATION OF BUSINESS:** \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_ (Area Code) (Telephone No.) \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 Street or P.O. Box \_\_\_\_\_  
 \_\_\_\_\_  
 City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

**E Mail Address:** \_\_\_\_\_

**APPLICATION FOR INSTALLER LICENSE**  
**INSTALLER CLASSIFICATIONS**

<u>CLASS NO.</u>	<u>CLASSIFICATION DESCRIPTION</u>
<u>MHD-1</u>	Shall permit the holder to level ground and place piers to support a unit, to connect existing water and sewer lines and to connect an electrical cable to the unit's existing receptacle and to install and repair skirting.
<u>MHD-2</u>	Shall permit the holder to perform all functions of an MHD-1 and to make structural repairs, alterations and modifications.
<u>MHD-3</u>	Shall permit the holder to perform all functions of an MHD-2 and to service and repair natural gas piping and appliances, change and adjust orifices in a unit prior to connection to L.P. gas and to service and repair plumbing and electrical systems.

1. Are you familiar with the Manufactured Housing Act and the Regulations?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  
2. Have you previously been licensed in the State of New Mexico or in any other state?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give name: \_\_\_\_\_  
License No.: \_\_\_\_\_ Date of Licensing: \_\_\_\_\_  
Date License surrendered: \_\_\_\_\_  
Reason: \_\_\_\_\_
  
3. Have you held, or now hold, a comparable license with the Construction Industries Division?  
(MM-MS-EE-GS)  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, give name: \_\_\_\_\_  
License No. and Classification: \_\_\_\_\_  
Date of Licensing: \_\_\_\_\_  
Date License surrendered: \_\_\_\_\_  
Reason: \_\_\_\_\_
  
4. How long have you maintained an office or residence in the State of New Mexico?  
\_\_\_\_\_ Address: \_\_\_\_\_
  
5. Are there any judgments, liens or suits pending or recorded against applicant?  
YES \_\_\_\_\_ NO \_\_\_\_\_  
If yes, attach details – including date of suit or lien filed, date of judgment or recording of lien; amount of liability, if any.
  
6. Do you have any unresolved complaints pending with MHD and/or CID?     NO     YES
  
7. Have you bid or performed any unlicensed work in the last 12 months?     NO     YES
  
8. Name and title of person with authority to resolve consumer complaints:  
\_\_\_\_\_
  
9. Has applicant ever been convicted of any offenses in this State, or any other State, other than traffic violations?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, state offense and date of conviction: \_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR INSTALLER LICENSE**

10. If applicable, is the applicant current with child support payments in New Mexico or any other State?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If no, explain: \_\_\_\_\_

**PLEASE SUBMIT THE FOLLOWING:**

11. Copy of New Mexico Taxation & Revenue Department Registration and current tax identification no. \_\_\_\_\_
12. Certificate of Qualifying Party form, signed and notarized (form attached).
13. Financial statement signed and notarized (sample form may be used as a guide).
14. A properly executed consumer protection bond in the amount of \$10,000.00 underwritten by a corporate surety company authorized to conduct business in New Mexico and otherwise meeting all requirements of Section 60-14-6 N.M.S.A. 1983 Comp. (sample form may be used).
15. Copy of installer/repairman warranty, per Section 14.12.6.11 NMAC of the Regulations (sample form may be used as a guide).
16. Three reference letters (1. from a financial institution; 2. individual or firm for whom the applicant has worked AND; 3. character reference).
17. If you are an out-of-state corporate installer, complete the attached affidavit (consent to Service of Process).
18. Statement of Authorization and Release Information form (form attached).
19. Copy of exam scores.
20. Work experience Verification form (form attached).

**NOTE: ANY CHANGES SHALL BE REPORTED IMMEDIATELY TO THE DIVISION.**

I HEREBY CERTIFY that this application contains no willful misrepresentation and the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at any time disclose any such misrepresentation or falsification, that my application will be rejected. If already licensed at time of such investigation and disclosure, my license is subject to suspension or revocation for such misrepresentation or falsification.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**CAUTION:** You may not engage, or perform, as a Manufactured Housing Installer/Repairman until your license has been issued.

**APPLICATION FOR ON-SITE LICENSE**

NAME OF PERSON TO QUALIFY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY & STATE \_\_\_\_\_

QUALIFYING FOR: \_\_\_\_\_

(Name of Firm)

CHECK ONE:

Manufacturer \_\_\_\_\_

Installer (MHD-1) \_\_\_\_\_

Repairman (MHD-2) \_\_\_\_\_

Installer/Repairman (MHD-3) \_\_\_\_\_

I do hereby certify that I am the Qualifying Party of the above named applicant for a New Mexico Manufactured Housing Division license. That as such Qualifying Party, I will be a regular and bona fide (employee/proprietor/corporate officer/partner) for the above named applicant and that I will have active and direct supervision and control of all operations necessary to secure full compliance with all provisions of the Act, being Sections 60-14-1 et. Seq., NMSA, 1983 Comp., and the Regulations adopted pursuant thereto by the Manufactured Housing Division.

I further certify that by signing below, I assume full responsibility for the compliance with provisions of Section 60-14-1, et seq., NMSA, 1983 Comp., and the Regulations adopted pursuant thereto by the Manufactured Housing Division, and that if for any reason I become disassociated, or for any reason cease to be the Qualifying Party of the above applicant, I will within thirty (30) days notify the office of the Manufactured Housing Division in writing.

I hereby certify under the penalty of perjury that the foregoing is true and correct and certify to the truth and accuracy of all supplementary statements, answers and representations attached hereto and made a part of this application.

NOTE: This certificate of qualification is not transferable to another person.

SIGNATURE: \_\_\_\_\_

STATE OF \_\_\_\_\_ X

COUNTY OF \_\_\_\_\_ X

\_\_\_\_\_ first being duly sworn upon oath and deposes and says that he has/they have read and signed the foregoing Certificate and that the matters and things stated in said Certificate are true and correct.

Sworn to and subscribed before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

**THIS FORM IS TO BE ATTACHED AND BECOME PART OF THE APPLICATION FOR LICENSE.  
NOTE: A SEPARATE FORM MUST BE USED FOR EACH QUALIFYING PARTY.**

**APPLICATION FOR INSTALLER LICENSE**

**AFFIDAVIT**

STATE OF \_\_\_\_\_ X

COUNTY OF \_\_\_\_\_ X

**CONSENT TO SERVICE OF PROCESS**

Pursuant to the licensing provisions of the Manufactured Housing Act of New Mexico and the regulations of the Manufactured Housing Division, the undersigned licensee does hereby waive the usual service of process in connection with all claims, matters or causes of action which may be filed or brought against it in the State of New Mexico for alleged violations of the Manufactured Housing Act or consumer complaints in connection therewith and does hereby agree to accept service of any such complaint or cause of action by registered or certified mail to be addressed and delivered to the herein below named chief executive office of the corporation. Said licensee does hereby further agree to appear and answer any such complaint or cause of action within twenty (20) days from and after the date of actual receipt of service by certified or registered mail; if licensee fails to appear and answer within such time, the licensee shall be in default and the licensee may not thereafter object to any order or judgment which may be entered against it. Said consent shall continue in full force and effect until all claims, matters or causes of action filed are resolved or until two (2) years after the licensee has terminated or whichever period is later.

The foregoing statement and agreements are made under oath and I certify and swear that such are true and correct.

**OFFICER TO BE SERVED**

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Name of Mfg. Licensee)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State)

\_\_\_\_\_  
(Zip)

Sworn to and subscribed before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

**APPLICATION FOR INSTALLER LICENSE**

**CONSUMER PROTECTION BOND OF**

           **DEALER**  
           **INSTALLER OR REPAIRMAN**

           **MANUFACTURER**  
           **BROKER**

**BOND NO.:** \_\_\_\_\_

KNOW ALL MEN BY THESE PRESENTS, that we, \_\_\_\_\_ as  
Principal and the \_\_\_\_\_ a corporation organized un-  
der the laws of \_\_\_\_\_, and authorized to transact the business of  
surety ship in the STATE OF NEW MEXICO, as Surety, are held and firmly bound unto the State  
of New Mexico Manufactured Housing Division, as Oblige, in the just and full sum of  
\_\_\_\_\_ DOLLARS (\$ \_\_\_\_\_), for which sum, well and  
truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assignees,  
jointly and severally, firmly by these present.

THE CONDITION OF THIS OBLIGATION is that, if it is determined in a proceeding before the  
Manufactured Housing Division that Principal has violated a provision or provisions of the Manu-  
factured Housing Act or Regulations there under pertaining to \_\_\_\_\_ of manu-  
factured homes, and that such violation has resulted in monetary loss to a consumer of a manufac-  
tured home, then Principal shall indemnify said consumer against this loss within thirty (30) days of  
said determination becoming final.

Surety may at any time cancel this bond by giving sixty (60) days written notice to the New Mexico  
Manufactured Housing Division. Surety remains liable, however, for any defaults under this bond  
committed prior to the expiration of the sixty-day period, for a period of two (2) years after said ex-  
piration period.

SIGNED, SEALED AND DATED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

~~MODEL LETTER TO BE FOLLOWED BY FINANCIAL INSTITUTION~~  
**APPLICATION FOR INSTALLER LICENSE**  
(Typed on their letterhead)

Date:

State of New Mexico  
Regulation & Licensing Department  
Manufactured Housing Division  
P.O. Box 25101 - 87504  
2550 Cerrillos Road  
Santa Fe, NM 87505  
(505) 476-4770

This is to certify that \_\_\_\_\_  
(Company Name & Address)

has deposit with this institution \_\_\_\_\_

(in savings account number/certificate of deposit number) \_\_\_\_\_

in the amount of \_\_\_\_\_.

This is being held to meet the bonding requirements of the New Mexico Manufactured Housing Division pursuant to Section 60-14-6, et. seq., NMSA, 1983 Comp., as amended, and the Regulations adopted pursuant thereto by the Manufactured Housing Division.

It is hereby agreed:

- (1) that their deposit is neither assignable or transferable;
- (2) that the principle may not be withdrawn without the express written authorization of the Manufactured Housing Division;
- (3) that the interest accruing on said principle may be withdrawn upon the request and at the direction of the certificate of deposit owner; and
- (4) that the form of the deposit may be changed provided that the Manufactured Housing division is notified in writing, thirty (30) days prior to the proposed change.

Very truly yours,

Bank Office  
Title

State of \_\_\_\_\_ X  
County of \_\_\_\_\_ X

Sworn to and subscribed before me, the undersigned authority, on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_

**APPLICATION FOR INSTALLER LICENSE**

**LIMITED POWER OF ATTORNEY**

STATE OF \_\_\_\_\_ X  
COUNTY OF \_\_\_\_\_ X

Know all men by these presents that I, \_\_\_\_\_, the undersigned, of \_\_\_\_\_, City of \_\_\_\_\_, do hereby make, constitute, and appoint the New Mexico Manufactured Housing Division as my true and lawful attorney in fact for me and in my name for the limited and sole purpose hereinafter stated.

That upon certification by a regularly constituted quorum of the Manufactured Housing Division that the undersigned has been found to be in violation of the Manufactured Housing Act (Sections 60-14-6, et. seq., NMSA, 1983 Comp., as amended), or the Regulations adopted there under, that damages have been ascertained as a direct result of such violation(s), and that the determination of liability by the Manufactured Housing Division has become final, to draw upon monies deposited with an F.D.I.C Financial Institution

\_\_\_\_\_  
(Bank Name & Address)

designated as (savings accounts/certificate of deposit number) \_\_\_\_\_ to a maximum amount of \_\_\_\_\_ as recompense for such damages.

BY: \_\_\_\_\_  
\_\_\_\_\_  
(Title)

State of \_\_\_\_\_ X

County of \_\_\_\_\_ X

Sworn to and subscribed before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_



**APPLICATION FOR INSTALLER LICENSE**

**STATEMENT OF AUTHORIZATION AND RELEASE OF INFORMATION**

I, \_\_\_\_\_ was born on \_\_\_\_\_,  
(Full Name)

whose home address is \_\_\_\_\_ and telephone no. is \_\_\_\_\_,  
(Street, City, State & Zip)

and whose business address is \_\_\_\_\_ with the  
(Street, City, State & Zip)

telephone no. of \_\_\_\_\_, shown as the \_\_\_\_\_  
(Title of Position-Owner, President, etc.)

on an "Application for license" as \_\_\_\_\_  
(Type of License Applied for)

in the name of \_\_\_\_\_  
(Complete name of license as shown on "Application for license")

with the State of New Mexico Office of Manufactured Housing Division, do hereby consent to having an inquiry made as to my moral character, professional reputation and fitness for said license.

I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records, and other information pertaining to me, to furnish to the State of New Mexico office of Manufactured Housing any such information, including documents, records, or information regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Office of the Manufactured Housing or any of their agents or representatives to inspect and make copies of such documents, records and other information.

I hereby release, discharge and exonerate the State of New Mexico Office of Manufactured Housing, their agents and representatives, and any person so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records and other information of the inquiry made by the State of New Mexico Office of Manufactured Housing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me, the undersigned authority, on  
this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My Commission Expires: \_\_\_\_\_

Signature of Notary: \_\_\_\_\_



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**MANUFACTURED HOUSING DIVISION INSTALLER EXPERIENCE VERIFICATION**

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**THIS WORK EXPERIENCE VERIFICATION MUST BE SUBMITTED  
WITH AN APPLICATION**

**TYPE OR PRINT CLEARLY  
INCOMPLETE OR ILLEGIBLE FORMS WILL NOT BE PROCESSED**

**PLEASE READ THE FOLLOWING INSTRUCTIONS PRIOR TO COMPLETING THE ATTACHED WORK  
EXPERIENCE VERIFICATION. FOLLOWING INSTRUCTIONS COMPLETELY WILL AVOID DELAYS IN  
PROCESSING APPLICATION**

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**INSTRUCTIONS FOR THE APPLICANT**

Only the top portion of the Affidavit is to be completed by the applicant. Complete ALL information requested.

For a description of the scope of work allowed under each classification, please refer to the Manufactured Housing Division Rules & Regulations 14.12.2.14

**INSTRUCTIONS FOR EXPERIENCE VERIFICATION**

Individuals who are qualified to complete the Affidavit are as follows:

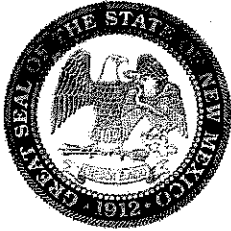
Employers (past or present), Supervisors, Foreman, and other Contractors. Answer all the questions completely and fully. **DO NOT LEAVE ANY BLANKS**

**Supervisors and foremen** must submit proof/verification of their position within the company. Out of state **Contractors** must attach a copy of their current state license to the affidavit. If your experience is with a company from a state that does not require a license, you must submit proof/verification that the company is an active/valid company. (Tax certificate, business license listing the company name, corporation papers, etc.)

All experience must have been gained while employed by a contractor licensed in the trade being applied for, or considered legal work in the state in which the work was performed.

**14.12.2.14 E** – “An applicant shall provide evidence of meeting at least one of the following minimum experience requirements:

1. 1,800 hours of experience installing manufactured homes;
2. 3,600 hours of experience in the construction of manufactured homes;
3. 3,600 hours of experience as a building construction supervisor;
4. 1,800 hours as an active manufactured home installation inspector;
5. Completion of one year of a college program in construction – related field; or
6. Any combination of experience or education from 1-5 above that totals 3,600 hours.



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**APPLICANT:** Upon completion of the Affidavit, please deliver original (s) by mail or in person to:  
Manufactured Housing Division  
2550 Cerrillos Road, Santa Fe, NM 87505

<b>Candidate Name:</b>	<b>Date:</b>
<b>Address:</b>	
<b>SS#</b>	

**CLASSIFICATION (S) APPLYING FOR PLEASE CHECK ALL THAT APPLY:**

- MHD 1  
  MHD 2  
  MHD 3  
  MHD 3E  
  MHD 3Y  
  MHD 3 E-Y

**REQUIRED EXPERIENCE**

**14.12.2.14 E** – An applicant shall provide evidence of meeting at least one of the following minimum experience requirements:

**ALL ATTACHMENTS MUST BE SIGNED AND NOTARIZED**

Experience in installing manufactured Homes	<b>TOTAL HOURS</b> _____
Experience in the construction of manufactured homes	<b>TOTAL HOURS</b> _____
Experience as a building construction supervisor	<b>TOTAL HOURS</b> _____
Experience as an active manufactured home installation inspector	<b>TOTAL HOURS</b> _____
Completion of one year of a college program in construction – related field	<b>TOTAL HOURS</b> _____
Any combination of experience or education from 1-5 above that totals 3,600 hours.	<b>TOTAL HOURS</b> _____



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<b>Candidate Name:</b> _____	<b>Date:</b> _____
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All experience must have been gained while employed by a contractor licensed on the trade being applied for, or considered legal work in the state in which the work was performed.

This work was performed from \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

While Applicant was employed by \_\_\_\_\_  
\_\_\_\_\_

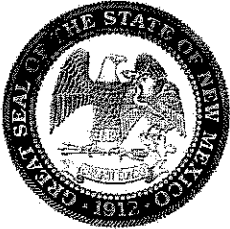
Company License # \_\_\_\_\_ (attach a copy of the license)

*\* If your work experience is with a company from a state that does not require a license, you must submit proof / verification that the company is an active/valid company. (tax certificate, business license listing the company name, corporation papers, etc.)*

Additional work experience information attached  Yes  No (attachment must be signed and notarized)

3. Applicant's position while performing the work. (Check one)  
 Employer  Contractor  Supervisor  Foreman  Other \_\_\_\_\_

4. I held the following position while applicant was performing the work. (Check One)  
 Employer  Contractor  Supervisor  Foreman  Other \_\_\_\_\_



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**Do not leave any blanks!**

**Applications/work verifications that are incomplete or that do not have requested attachments will be rejected.**

**Person Certifying (Print)**

In making this certification for \_\_\_\_\_  
(candidate name),

I, \_\_\_\_\_ (person certifying), have not relied on statements made to me by applicant or third parties, and swear under penalty or perjury that the information provided in this certification is true and correct to the best of my personal knowledge. I understand that my license may be subject to discipline if the information given and attested to by me herein to be intentionally misleading or fraudulent.

\_\_\_\_\_  
Signature of person certifying      License # \_\_\_\_\_ State \_\_\_\_\_  
Attach a copy of the license

**Address:** \_\_\_\_\_

**E Mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Notary**

<b><i>This application must be signed in the presence of a Notary Public.</i></b>
Subscribed and sworn on this _____ day of _____, 20 _____.
Notary Public: _____
My Commission Expires: _____

**THIS SAMPLE CONTAINS THE MINIMUM REQUIREMENTS FOR AN INSTALLER OR REPAIRMAN WARRANTY AND IS TO BE USED ONLY AS A GUIDE.**

(See Section 14.12.6.11 NMAC)

**INSTALLER AND/OR REPAIRMAN 90-DAY WARRANTY**

Installer's and/or Repairman's Company Name \_\_\_\_\_ License No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

We have installed manufactured housing unit SERIAL NO. \_\_\_\_\_ and make the following warranties in connection with our work.

- (1) That all services performed have been performed in compliance with the Mobile Housing Act and all regulations of the Division, under Permit No. \_\_\_\_\_, Dated \_\_\_\_\_.
- (2) That all labor and materials furnished by us are free from defects.
- (3) We have installed or repaired the following appliances and equipment, and furnish you herewith manufacturer's warranties as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (4) Warranty of installation, including leveling, shall be in effect for ninety (90) days. The effective date of this warranty is: \_\_\_\_\_.
- (5) Upon notice of defects during the first ninety (90) days after installation or completion of repairs, we will correct them within a reasonable period of time.
- (6) If you have any warranty complaints, please notify us at:

Installer's and/or Repairman's Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone No. \_\_\_\_\_

SIGNATURE OF PURCHASER: \_\_\_\_\_  
(Acknowledging Receipt of Above Listed Warranties)

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

# FINANCIAL STATEMENT AS OF \_\_\_\_\_

(Statement must not be over six months old)

## ASSETS

**CURRENT ASSETS** (receivable in one year or less)

Cash in bank and/or on hand ..... \$ \_\_\_\_\_

Amount due on completed portion of contracts ..... \$ \_\_\_\_\_

Materials (cost) ..... \$ \_\_\_\_\_

Receivables due (short term) ..... \$ \_\_\_\_\_

Notes receivable ..... \$ \_\_\_\_\_

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

Other Current Assets ..... \$ \_\_\_\_\_

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CURRENT ASSETS** \$ \_\_\_\_\_

## FIXED ASSETS

Equipment & Tools (depreciated value) ..... \$ \_\_\_\_\_

Notes Receivable (long term) ..... \$ \_\_\_\_\_

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Real Estate & Buildings (depreciated value) ..... \$ \_\_\_\_\_

Description \_\_\_\_\_

\_\_\_\_\_

Other Assets ..... \$ \_\_\_\_\_

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FIXED ASSETS** \$ \_\_\_\_\_

**TOTAL CURRENT ASSETS** \$ \_\_\_\_\_

**TOTAL FIXED ASSETS** \$ \_\_\_\_\_

**TOTAL ASSETS** \$ \_\_\_\_\_

## LIABILITIES

**CURRENT LIABILITIES** (Payable within one year or less)

Accounts Payable

For Materials ..... \$ \_\_\_\_\_

To Others ..... \$ \_\_\_\_\_

Notes payable (short term)

To Banks ..... \$ \_\_\_\_\_

For Equipment ..... \$ \_\_\_\_\_

Unpaid Taxes & Interest ..... \$ \_\_\_\_\_

Other Current Liabilities

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL CURRENT LIABILITIES** \$ \_\_\_\_\_

## FIXED LIABILITIES

Mortgages on Real Estate ..... \$ \_\_\_\_\_

Long Term notes Payable

Itemize \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL FIXED LIABILITIES** \$ \_\_\_\_\_

**TOTAL CURRENT LIABILITIES** \$ \_\_\_\_\_

**TOTAL FIXED LIABILITIES** \$ \_\_\_\_\_

**TOTAL LIABILITIES** \$ \_\_\_\_\_

**NET WORKING CAPITAL** (Difference between Current Assets & Current Liabilities) \$ \_\_\_\_\_

**NET WORTH** (Difference between Total Assets & Total Liabilities) \$ \_\_\_\_\_

Dollar Amount of Anticipated Gross Business for this Year \$ \_\_\_\_\_

I, \_\_\_\_\_ do solemnly swear that all statements on the Application are true and correct.

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public: \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Company Official Sign Here

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name