

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE STATE FIRE MARSHAL'S OFFICE MANUFACTURED HOUSING SECTION 500 James Robertson Parkway Davy Crockett Tower, Tenth Floor

Davy Crockett Tower, Tenth Floor Nashville, Tennessee 37243-1162 PHONE: 615-741-7192 FAX: 615-741-9388

LICENSE APPLICATION FOR MANUFACTURED HOME STABILIZING SYSTEM INSTALLER

(PLEASE PRINT OR TYPE ALL REQUIRED INFORMATION)

FIRM NAM	TE:				
Business Location			M	Mailing Address	
(City) (Zip)	(State)	(Zip)	(City)	(State)	
County:		Teleph	none Number:		
Full Name o (or)	f Owner:				
Full Name o	f Partners:				
Full Name o	f Corp. President:				
Experience i	in the Installation o	f Manufactured	Homes - () Y	ears.	
appropriate	anchors?			be classified for selection of	
I/We hereby	certify that I/We w	vill comply with	all the provisions of the		
	1.21		(7)	*	
(Authorized	d Signature)		(Title)	(Date)	

BE SURE TO: Include a check or money order for \$25.00 payable to

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