Professional Licensing Agency 402 West Washington Street Room W072 Indianapolis, IN 46204



Eric J. Holcomb Governor of Indiana Deborah J. Frye PLA Executive Director

Manufactured Home Installer – CE Provider Renewal

To renew your registration, please print and complete this form in its entirety and submit it with the required documentation.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address					
Provider Name	Registrat	ion Number	Expiration Date		
Street Address					
City	State	Zip Code			
Phone Number	Website address	Website address			
Contact Name	Email Address	Email Address			
RENEWAL REQUIREMENTS					
A provider of courses for manufacture in the:	ed home installers must submit,	along with the renewal	form, any changes made		

- Course topics
- Materials
- Instructors
- Other information required by 879 IAC 1-6

LICENSEE AFFIRMATION

My signature below indicates our desire to renew our Continuing Education Provider license for another term.		
Signature of Officer	Date (month, day, year)	

Visit us on the web at <u>www.pla.in.gov</u> for additional information regarding your license, or email the Board at <u>pla9@pla.in.gov</u>.

FOR OFFICE USE ONLY			
Renewal Fee	Receipt No.	Date	