



# Manufactured Dwelling Installer and Limited Installer License Application

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater St. NW, Salem, Oregon

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

503-373-1268 • TTY: 503-373-1358

[oregon.gov/bcd](http://oregon.gov/bcd)

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

STEP 1 APPLICANT INFORMATION							
Last	First	Middle initial					
Name:		Phone:					
Address (Street or P.O.)		Fax					
City:	State	ZIP					
Social Security number (Required, ORS 25.785):		—	Email:				
<p>Your Social Security number is required for BCD licenses, certifications, and registrations according to ORS 25.785, ORS 305.385, 42 USC § 405(c)(2)(C)(i) and 42 USC § 666(a)(13). Failure to provide this information will be basis for application refusal. Your SSN may be shared with other authorities only for tax-administration purposes and child support enforcement (including identification).</p>							
STEP 2 TYPE OF APPLICATION (CHOOSE ONE)							
<input type="checkbox"/>	Manufactured dwelling installer (MDI) .....	\$55					
<input type="checkbox"/>	Limited skirting installer (LSI) .....	\$55	<i>Application fees are not refundable.</i>				
<input type="checkbox"/>	Limited installer (LI).....	\$55					
STEP 3 TEST LOCATION							
<input type="checkbox"/>	Bend	<input type="checkbox"/>	Hermiston	<input type="checkbox"/>	Ontario	<input type="checkbox"/>	Roseburg
<input type="checkbox"/>	Klamath Falls	<input type="checkbox"/>	Pendleton	<input type="checkbox"/>	Salem	<input type="checkbox"/>	Eugene
<input type="checkbox"/>	Lincoln City	<input type="checkbox"/>	Portland	<input type="checkbox"/>	White City		
DEPARTMENT USE ONLY							
<input type="checkbox"/>	Approved	Signature: _____			Date: _____		
<input type="checkbox"/>	Denied	Signature: _____			Date: _____		
Comments _____							
STEP 4 FEE PAYMENT							
<b>Secure fax for credit card payments:</b> <b>503-947-2333</b>				<b>Application fees are nonrefundable.</b> Make check or money order payable to Oregon Department of Consumer & Business Services. Do <b>not</b> send cash.			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover   Phone: (   ) _____ / _____ Credit card number _____ Expiration _____				<b>Fiscal use only: 12104/0600</b>			
Name of cardholder as shown on credit card _____ Cardholder signature _____				\$ _____ Amount _____			



**Please print.**

<b>STEP 5</b> <b>EMPLOYMENT HISTORY</b>		
List your experience consecutively, beginning with your present or most recent position. Describe in detail your related duties and responsibilities, technical areas, type of buildings and occupancies, etc. If more space is needed to list experience, please attach additional sheets.		
<b>If self-employed, use your assumed business name for employer's name.</b>		
Employer's name: _____	Period of employment: _____	
Address _____ _____	From: _____ To: _____	
Phone: _____	Hours worked per week: _____	
Phone: _____	Position/title: _____	
Describe work performed: _____ _____		
Employer's name: _____	Period of employment: _____	
Address: _____ _____	From: _____ To: _____	
Phone: _____	Hours worked per week: _____	
Phone: _____	Position/title: _____	
Describe work performed: _____ _____		
<b>STEP 6 (MDI only) VERIFICATION OF WORK EXPERIENCE AND/OR EDUCATION</b>		
All Manufactured Dwelling Installer (MDI) applicants must submit verification of work experience or education.		
Step 6A: To provide proof of your work experience, submit an experience verification form (Page 3). If you are verifying work from more than one employer, use a separate verification form for each.		
Step 6B: If using education as part or all of your experience, attach a copy of your college transcript or diploma.		
Step 6C: If using your experience as an active Oregon-certified manufactured structure installation inspector, list certification your number here:		
Manufactured structure installation inspector: _____	No.: _____	Expires: _____
Oregon inspector certification: _____	No.: _____	Expires: _____
<b>STEP 7</b> <b>APPLICANT PHOTO IDENTIFICATION</b>		
<input type="checkbox"/> Submit a copy of personal photo identification, such as a driver license. (Required for all applicants.)		
<b>STEP 8</b> <b>APPLICANT AFFIDAVIT</b>		
<ol style="list-style-type: none"><li>I hereby certify that, to the best of my knowledge, the information on this application is complete and correct.</li><li>I understand that my license may be suspended, conditioned, or revoked if I have deliberately falsified my application. (ORS 455. 25).</li><li>I understand that, if I provide false information on this application or cheat on a licensing examination, my application will be denied and I may not apply for any license or be allowed to take any division-related examination for one year from the date of denial. (OAR 918-001-0040)</li><li>I certify that I have read these statements and understand the terms of my license.</li></ol>		
Applicant name (Print): _____		
Applicant signature: _____ Date: _____		

## APPLICATION PROCESS FOR ALL LICENSES

You must complete the division-approved [Web-based study guide](#) from [www.oregon.gov/bcd](http://www.oregon.gov/bcd). Click on the Manufactured Dwelling link under Code Programs. Upon completion of the division-approved study guide, complete this application and submit it along with the proof of training certificate from the study guide.

This application will be reviewed to ensure all qualifications have been met for the license type requested. If the Limited Skirting Installer (LSI) and Limited Installer (LI) portion of the application is approved, we will issue the licenses. If the Manufactured Dwelling Installer (MDI) portion of the application is approved we will notify the applicant and mail the exam to the chosen proctor.

You may obtain a copy of the 2010 Manufactured Dwelling Specialty Code by contacting the Oregon Manufactured Housing Association at [omha@omha.com](mailto:omha@omha.com) or by downloading it from [www.oregon.gov/bcd](http://www.oregon.gov/bcd). Click on the Manufactured Dwelling link under Code Programs.

**Note: These licenses may be issued to individuals only.**

### APPLICATION CHECKLIST

- Complete applicant information
- Choose license type
- Choose testing location
- Complete work history
- Attach verification of work experience and/or education (MDI only)
- Attach a copy of personal photo identification
- Attach a copy of the proof of training certificate from the Web-based study guide
- Attach or include fee payment

### MANUFACTURED DWELLING INSTALLER REQUIREMENTS (MDI) OAR 918-515-0150

**Scope:** May prepare the site and install manufactured dwelling, cabanas, and skirting. A manufactured dwelling includes residential trailer, mobile home, and manufactured home. Refer to OAR 918-515-0150 for detailed responsibilities.

**Qualifications:** • Any of the following meet minimum experience requirements:

1. One year (1,600 hours) of experience as a manufactured dwelling installer or limited installer
2. Two years (3,200 hours) of experience in construction of manufactured dwellings
3. Two years (3,200 hours) of experience servicing or repairing manufactured dwellings
4. Two years (3,200 hours) of experience as a building construction supervisor
5. One year (1,600 hours) of experience as a building inspector
6. Completion of a one-year college course in building technology that is recognized by the Manufactured Structures and Parks Advisory Board
7. Any combination of experience or education in a related field totaling two years

**and**

- Complete application and required verification
- Pay fee
- Complete the division approved study guide for the 2010 Manufactured Dwelling Installation Specialty Code
- Passing grade of at least 75 percent on the division-approved examination for manufactured dwelling and cabana installations

### LIMITED SKIRTING INSTALLER REQUIREMENTS (LSI) OAR 918-515-0480

**Scope:** May install manufactured dwelling and cabana skirting, temporary steps, tie-downs, perimeter foundation supports, appliance exhaust termination, and underfloor skirting access; affix a certification tag; and complete all reports and applications. May also work under the direct supervision of an active manufactured dwelling installer (MDI) and the full scope of that license.

**Qualifications:** • Complete application (Note: Work verification is not required.)

- Pay fee
- Complete the approved study guide for the 2010 Manufactured Dwelling Installation Specialty Code

### LIMITED INSTALLER REQUIREMENTS (LI) OAR 918-515-0400

**Scope:** May assist, under direct supervision, a licensed manufactured dwelling installer (MDI) or a limited skirting installer (LSI). The scope of this license is limited to the scope of the supervising license.

**Qualifications:** • Complete application (Note: Work verification is not required.)

- Pay fee
- Complete the approved study guide for the 2010 Manufactured Dwelling Installation Specialty Code



# Manufactured Dwelling Installer (MDI) Experience Verification

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## **Department of Consumer & Business Services Building Codes Division**

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**Verification of experience is required for licensure for Manufactured Dwelling Installers (MDI) only.**

**APPLICANT INFORMATION (please print)**

Name (applicant):

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## VERIFIER INFORMATION

Name of verifier:

Address:

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## VERIFIED EXPERIENCE

Describe your knowledge of the applicant's experience. Fill in the name of employer and dates of employment. Describe applicant's position and type of work performed. Describe the types of buildings, structures, or projects on which the applicant worked. Give any other details that will aid in evaluating experience. Additional pages may be attached.

I certify that I know the applicant and have direct knowledge that the applicant was employed from:

It's position/title:

Applicant's position/title: \_\_\_\_\_

Company name: \_\_\_\_\_

#### Duties and responsibilities:

How was your knowledge of the applicant's experience acquired?

*I certify that the foregoing statements are true and correct.*

Signature of verifier: \_\_\_\_\_ Date: \_\_\_\_\_