

2025-2026 REGISTERED INSTALLER AND INSPECTOR MANUFACTURED HOME APPLICATION

NORTH DAKOTA DEPARTMENT OF COMMERCE

DIVISION OF COMMUNITY SERVICES

SFN 58299 (4/2025)

(Check one) <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Renewal (Registration No. _____)		Date of Application												
Name	Address													
City	State	ZIP Code												
Email	Phone	Cell												
Check Appropriate Box: <input type="checkbox"/> June 3, 2025 Best Western Plus Kelly Inn & Suites 1767 44th Street South; Fargo, ND 58103 701-282-2143 NOTE: A late fee of \$25 will be assessed for all registrations after the May 12, 2025 deadline. <input type="checkbox"/> 9:00 a.m. - 12:00 p.m. – Existing Inspector Refresher <input type="checkbox"/> 1:00 p.m. - 5:00 p.m. – Existing Installer Refresher <input type="checkbox"/> June 4, 2025 – ND Department of Commerce 1600 Century Ave East Suite 6 Bismarck, ND 58503 • 701-328-5300 NOTE: A late fee of \$25 will be assessed for all registrations after the May 12, 2025 deadline. <input type="checkbox"/> 9:00 a.m. - 12:00 p.m. – Existing Inspector Refresher <input type="checkbox"/> 1:00 p.m. - 5:00 p.m. – Existing Installer Refresher <input type="checkbox"/> June 5, 2025– ND Department of Commerce 1600 Century Ave East Suite 6 Bismarck, ND 58503 • 701-328-5300 NOTE: A late fee of \$25 will be assessed for all registrations after the May 12, 2025 deadline. <input type="checkbox"/> 9:00 a.m. - 5:00 p.m. – New Installer, New Inspector, or Online Training Recipient														
Required Attachments: <ul style="list-style-type: none">• Registered Installer and Inspector Application (SFN 58299) must be NOTARIZED• INSTALLERS ONLY - Copy of contractor's liability insurance in the amount not less than \$200,000 with provision to notify the DCS upon cancellation (<u>INSURANCE MUST ACCOMPANY APPLICATION</u>)• INSTALLERS ONLY - Copy of letter of credit, certificate of deposit, or surety bond in the amount of \$10,000 with provision to notify the DCS upon cancellation (<u>BOND MUST ACCOMPANY APPLICATION</u>)• Copy of valid driver's license or copy of birth certificate (NEW INSTALLERS OR INSPECTORS ONLY)														
Application Fee must accompany this form and submitted by May 12, 2025 Please make checks payable to: ND Department of Commerce For credit card call 701-328-7273														
<table style="width: 100%; border: none;"><tr><td style="width: 40%;"><input type="checkbox"/> Registration</td><td style="width: 20%; text-align: right;">\$150.00</td><td style="width: 40%;"></td></tr><tr><td><input type="checkbox"/> Training Fee</td><td style="text-align: right;">50.00</td><td></td></tr><tr><td><input type="checkbox"/> Training Manual (if needed)</td><td style="text-align: right;">25.00</td><td></td></tr><tr><td style="text-align: right;">Total</td><td style="text-align: right;">\$225.00</td><td style="text-align: right;"><u>Manual is need for testing and full day training</u></td></tr></table> NOTE: A late fee of \$25 will be assessed for all registrations received after the deadlines listed above.			<input type="checkbox"/> Registration	\$150.00		<input type="checkbox"/> Training Fee	50.00		<input type="checkbox"/> Training Manual (if needed)	25.00		Total	\$225.00	<u>Manual is need for testing and full day training</u>
<input type="checkbox"/> Registration	\$150.00													
<input type="checkbox"/> Training Fee	50.00													
<input type="checkbox"/> Training Manual (if needed)	25.00													
Total	\$225.00	<u>Manual is need for testing and full day training</u>												

I, the undersigned principal (applicant), do hereby declare under penalty of perjury, that all information provided in this application is accurate to the best of my knowledge.

Applicant Signature

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____ by _____

Applicant Name

Notary Public

My Commission Expires _____

SEND TO: Manufactured Home Program • Division of Community Services • PO Box 2057 • Bismarck, ND 58502-2057