

# APPLICATION/AFFIDAVIT FOR DUPLICATE MOBILE HOME INSTALLER LICENSE

Date: \_\_\_\_\_

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Installer's Name

\_\_\_\_\_  
Installer's Address

I certify that the license described herein has been lost in transit and never received by me, or that the original license issued in my name has been lost or destroyed.

I further certify that if the original license is found or received, I will immediately return it to the Mobile Home Installer Licensing Section, Division of Motorist Services at 2900 Apalachee Parkway, Neil Kirkman Building, MS 66, Tallahassee, Florida 32399-0640.

\_\_\_\_\_  
Installer's Signature

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(GHQ USE ONLY)

Receipt Date \_\_\_\_\_

License reflecting forms control number \_\_\_\_\_ printed and mailed to mobile home installer at above address on \_\_\_\_\_ .