

AFFIDAVIT OF CERTIFIED INSTALLER

STATE OF _____

COUNTY _____

NAME OF CERTIFIED INSTALLER

CERTIFICATION #

ADDRESS

CITY

STATE

ZIP

NAME OF INSTALLER TRAINEE

TRAINEE #

_____ works for me in my business as a Certified Installer Trainee
(Name of Installer Trainee)

of manufactured homes and/or modular homes and buildings in Alabama. I understand that I will be responsible for any damage caused by _____ related to the
(Name of Installer Trainee)
transport or installation of manufactured homes and/or modular homes and buildings for which I contract and authorize _____ to transport and/or Install. I also understand
(Name of Installer Trainee)
that I will be held responsible for any work this individual does without my approval, related to the transportation and/or installation of manufactured homes and/or modular homes and buildings. I understand and agree that in the event _____ is no longer associated with me in
(Name of Installer Trainee)
my business, that it is my responsibility to immediately provide written notice to the Alabama Manufactured Housing Commission.

Signature of Certified Installer

Print or Type Name of Certified Installer

Signature of Installer Trainee

Date

Note: This form must be completed by the Certified Installer and provided to the Alabama Manufactured Housing Commission.