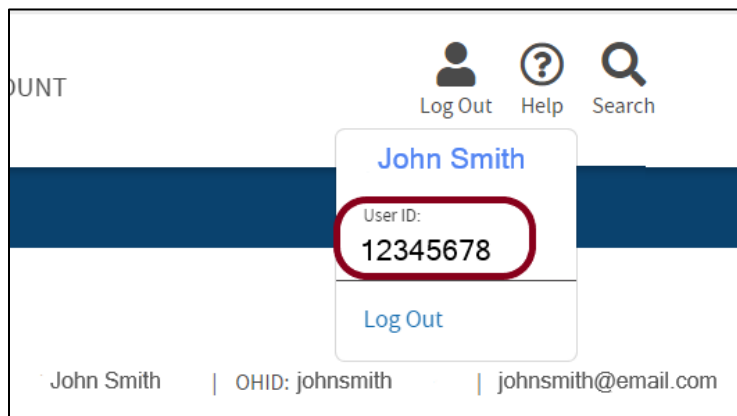


Request to Take MH Licensing Exam

Instructions

1. Please type or neatly print the information in the Request to Take MH Licensing Exam form.
2. Individual eLicense User Account and OH|ID Account
 - a. If you do not have either an individual eLicense user account or OH|ID account, go to “Request to Take an Exam” in the MHP Licensing Exam Bulletin for instructions on how to create one.
 - b. To identify your numerical OH|ID User ID, log in to the OH|ID portal (ohid.ohio.gov), and in the top right corner of your screen, click on the “Log Out” button. A display will appear below the “Log Out” button with your numerical User ID, as shown in the image below:



3. Certification and Acknowledgment
 - a. Read through the Certification and Acknowledgment section, and if you are in agreement with the statements, sign and date the Request. The signature must be hand-signed or done with an electronic/digital signature with a timestamp. Typed signatures will not be accepted.
4. There is a non-refundable fee in the amount of \$25.00 per Request, and each Request may only be for one type of exam. The fee must be paid online at the State of Ohio's eLicense Portal and can be paid for by credit card or e-check. Once you submit the Request form to the Division of Industrial Compliance, the Division will e-mail you when the fee is available to be paid online at the eLicense Portal.
5. Submit the Request in PDF format by e-mail to: MHPProgram@com.state.oh.us. Include “Request to Take MH Licensing Exam” in the subject line of the e-mail.

6. The Ohio Department of Commerce is committed to providing access, inclusion, and reasonable accommodation in its services, activities, programs, and employment

opportunities in accordance with the Americans with Disabilities Act (ADA) and other applicable laws. To request an ADA reasonable accommodation due to a disability, please contact Dwanna Bagner, Human Resources Administrator, at (614) 728-4292 or Dwanna.Bagner@com.state.oh.us at least 14 days prior to when you wish to take the exam.

Type of Exam (Select one)

_____ Manufactured Home Installer

_____ Manufactured Home Inspector

Applicant Information

Last Name		First Name		Middle Initial
Street Address				
City		State	ZIP Code	
Date of Birth	Phone		E-mail	

Prior ExaminationHave you taken this exam previously? No Yes Date of Last Exam _____Individual eLicense User Account and OH|ID Account

Name on eLicense User Account	E-mail Address for eLicense User Account
OH ID User ID (all numbers) (Instructions are provided above to locate your numerical User ID.)	

Certification and Acknowledgment

The undersigned Applicant certifies that all of the information supplied by Applicant in this Request or accompanying materials is true and accurate to the best of Applicant's knowledge and belief. Further, Applicant has reviewed the MH Licensing Exam Bulletin ("Bulletin") in full and agrees to abide by all of its terms and conditions. Applicant understands that any false statement in the Request or the accompanying materials or any failure to comply with the terms and conditions set forth in the Bulletin may subject Applicant to criminal prosecution and/or the denial, suspension, or revocation of a manufactured home installer license/manufactured home inspector certification.

Signature of Applicant_____
Date