## **VERIFICATION OF SUPERVISED EXPERIENCE**

Part of State Form 53858 (R7 / 7-21)

MANUFACTURED HOME INSTALLERS LICENSING BOARD PROFESSIONAL LICENSING AGENCY
402 West Washington Street, Room W072 Indianapolis, IN 46204
Telephone: (317) 234-3031
E-mail: pla12@pla.in.gov
www.pla.lN.gov

INSTRUCTIONS: All information must be typed or clearly printed.

Address of business (number and street or rural route, city, state, and ZIP code)  Name of supervisor  Title of supervisor  I hereby authorize the above named supervisor to furnish the Indiana Professional Licensing Agency with the information below.  Signature of applicant  SUPERVISOR INFORMATION  The applicant's licensed supervisor should complete this section. Upon completion, please submit the page directly to the Professional Licensing Agency at the above address.  Name of business (employer)  License number of supervisor  Title of supervisor  Title of supervisor  Title of supervisor  To Position held  From To		APPLICANT	INFORMATION			
Name of business (employer)  Address of business (employer)  Address of business (number and street or rural route, city, state, and ZIP code)  Name of supervisor  Title of supervisor  I hereby authorize the above named supervisor to furnish the Indiana Professional Licensing Agency with the information below.  Signature of applicant  SUPERVISOR INFORMATION  The applicant's licensed supervisor should complete this section. Upon completion, please submit the page directly to the Professional Licensing Agency at the above address.  Name of business (employer)  License number of supervisor  Title of supervisor  Ti						
Social Security number * Date of birth (month, day, year)	•	one (1) year of required experience, then	the applicant must make a copy of	this page for each licensed supervisor.		
Name of business (employer)  Address of business (number and street or rural route, city, state, and ZIP code)  Name of supervisor  Title of supervisor  Title of supervisor  Title of supervisor  Intereby authorize the above named supervisor to furnish the Indiana Professional Licensing Agency with the information below.  Supervisor Information  Supervisor Information  Supervisor Information  The applicant's licensed supervisor should complete this section. Upon completion, please submit the page directly to the Professional Licensing Agency at the above address.  Name of business (employer)  License number of supervisor  Title of supervisor  Title of supervisor  Title of supervisor  Title of supervisor  To  Quality of work  From To  Quality of work  Excellent Very good Average Fair Below average Poor  Briefly summarize the work performed by the applicant  AFFIRMATION  I affirm, under penalties for perjury, that the foregoing representations are true.	Name of applicant					
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Name of supervisor	,	( , , , , , , , , , , , , , , , , , , ,	(	( )		
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Name of supervisor  Type of employment	at the above address.			,		
Type of employment	Name of business (employer)		License number of supervisor			
Type of employment			Title of aumonians			
Full time   Part time   Part time   From To	Name of supervisor		Title of supervisor			
Quality of work	Type of employment	If part time, annual hours worked	Dates of employment (month, day, ye	ear) Position held		
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	AFFIRMATION					
Signature of individual providing professional reference Date (month, day, year)	I affirm, under penalties for perjury	, that the foregoing representations are tru	ie.			
	Signature of individual providing profess	sional reference	Date (month, day, year)	Date (month, day, year)		

## PROFESSIONAL REFERENCE Part of State Form 53858 (R7 / 7-21)

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INSTRUCTIONS: All information must be typed or clearly printed.

	ubmit to the individual who	NFORMATION is providing a profession	onal reference for further completion. The applicant		
must make a copy of this page for each individual  Name of applicant	professional reference.				
Social Security number *	Date of birth (month, day, ye	ear)	Residential telephone number		
I hereby authorize the following professional reference to	furnish the Indiana Professiona	al Licensing Agency with the	he information below.		
Signature of applicant		Date (month, day, year)			
PROFESSIONAL REFERENCE INFORMATION  The individual who is providing a professional reference should complete this section. Upon completion, please submit the page directly to the Professional Licensing Agency at the above address.					
Name of individual providing professional reference			License number (if applicable)		
Address of individual providing professional reference (number and street or rural route, city, state, and ZIP code)					
Telephone number of individual providing processional re ( )	eference	E-mail address of individual providing professional reference			
Please indicate, to the best of your knowledge, the applicant's ability to perform manufactured home installation by checking the appropriate boxes. If you select "Unsatisfactory" for either technical competence or processional conduct, please submit a letter of explanation with this Professional Reference.  NOTE: If you are not a licensed manufactured home installer, you do not need to complete this section.					
Technical competence  Excellent Satisfactory Marginal Unsatisfactory Not qualified to answer					
Professional conduct  Excellent Satisfactory Marginal Unsatisfactory Not qualified to answer					
Please provide any additional details regarding the applicant's professional abilities. If you need additional space, please provide a letter with this Professional Reference.					
AFFIRMATION					
I affirm, under penalties for perjury, that the foregoing representations are true					
Signature of individual providing professional reference		Date (month, day, year)			
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