EXAMINATION	• CERTIFICA	TION + LICENSURE	
PRO	FESSIONA	L FOR OFFICE USE ONLY	
CDE	ENITIA	BATED NUM BER	
CRL			
	SERVICES, IN		
STATE OF	TENNESSEE DIVISION OF	FIRE FREVENTION	
MA	NUFACTURED HOMES SI SCHEDULING FORM		
Girst Time Applicant	Re-Examinee		
1. EXAMINATION://	Exam Site	Attach a copy your driver's license or a	
2. SOCIAL SECURITY NUMBER:		2" x 2" passport type photo here	
3. DATE OF BIRTH:////	Year		
4. NAME and CONTACT INFORMATION:			
First	M.I. Las	st	
Mailing Address Line 1			
Mailing Address Line 2			
City	State	Zip Code + 4	
Email		Daytime Telephone Number	
Alternative Email		 Fax Number	

5. **AFFIDAVIT**: I understand that the examination fee is non-refundable and that postponement or transfer of fees are not allowed. I also understand that if I fail to attend the examination that I have been scheduled for, my examination fee will not be refunded or transferred to a future examination date. I agree that in the event my examination is lost, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me.

Signature of Appl

Date



TN Manufactured Homes Payment Form

Applicant Name:_____

Social Security Number (Mandatory): _____ - ____ - _____

Two payment options are available: Money Order or Credit Card. If paying by Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

□ Money Order (*Please ensure the applicant's name is on the payment*)

Credit Card

Application Fee: First Time and Repeat Applicant - \$110.00

Authorized payment am	iount: \$		Please check one:	🗌 Visa	MasterCard	
Card Number:	=		_	Exp: _	/	
Print name as it appears on account:						
Authorized Signature:						

Return this payment form with Application Form

<u>Note</u>: This document will be shredded after it has been processed.