



**Department of Public Safety and Corrections**

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**Louisiana Manufactured Housing Commission**

AFFIDAVIT of FACT

STATE OF LOUISIANA PARISH OF \_\_\_\_\_

I, \_\_\_\_\_, having been duly sworn, depose and say that I have applied to the Louisiana Manufactured Home Commission (hereinafter LMHC) for an Installer's License pursuant to La. R.S. 51:912.27, and the corresponding administrative regulations contained in LAC 55:V:529. In addition, I attest that I am a sole proprietor and as such, do not employ any workers. Therefore, in accordance with La. R.S. 23:1035, I am not required to have workmen's compensation insurance. However, should I employ any workers after the execution of this document I am to inform the LMHC immediately and am to obtain workmen's compensation insurance as required by law. Failure to do so may result in suspension or revocation action.

I hereby certify that I have executed this statement voluntarily with the knowledge that any failure to provide truthful information is cause for denial of my application or revocation of my license, and that the making of any false statement or response in this application is a violation of R.S. 14:133, Filing False Public Records, a criminal offense punishable by imprisonment for not more than five (5) years with or without hard labor, or a fine not to exceed five thousand dollars, or both.

\_\_\_\_\_  
Affiant's Signature

Sworn to and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Print, Type, or Stamp Name of Notary Public Notary Public

My commission expires \_\_\_\_\_