WEST VIRGINIA BOARD OF MANUFACTURED HOUSING CONSTRUCTION AND SAFETY

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 Charleston, West Virginia 25305 Email: MHBoard@wv.gov * Fax: (304) 558-2447 * Main: (304) 558-7890

DEALER/DISTRIBUTOR LICENSE APPLICATION

Each person who desires to engage in business as a dealer/distributor for manufactured housing in this state, shall apply to the West Virginia Board of Manufactured Housing Construction and Safety for a license. A dealer/distributor is required to maintain one (1) license for each location engaged in business in this state.

The Board shall grant an initial or renewal dealer's and /or distributor's license if it finds that the applicant is eligible to operate as a dealer and/or distributor by virtue of the following: (a) the dealer's and /or distributor's adequate financial capacity; (b) the dealer's and /or distributor's record of compliance with any lawful orders of the Board or any other equivalent agency of any other jurisdiction, including the lack of any revocation, suspension, or limitation of the dealer's and/or distributor's license in this state or any other jurisdiction; and (c) the dealer's and/or distributor's compliance with the applicable portions of this rule and with the applicable federal standards. (42 CSR 19-5.6)

In compliance with the provision of West Virginia statutes and rules adopted regulating manufactured housing, I hereby make application for a license authorizing me to engage in business as a dealer/distributor of manufactured housing.

I make the following statements under oath. I understand that the information provided will be used by the West Virginia Board of Manufactured Housing Construction and Safety to assess my qualification for licensure and I understand the license will be applicable only to the business listed herein and that the use of other names will require separate licenses. The information provided to the West Virginia Board of Manufactured Housing Construction and Safety will constitute a public record.

The following fees must be enclosed with the Application for Licensure:

\$250.00 – Dealer/Distributor License Fee \$1,000.00 – Recovery Fund

MAKE CHECKS PAYABLE TO:

West Virginia Board of Manufactured Housing Construction and Safety

SECTION I

GENERAL INFORMATION: (PRINT ()R TYPE)		
Name of Business:		_DBA	
Mailing Address:			
City:	County:	State:	_Zip:
Physical Location of Business:		Tel	ephone:
Facsimile:	Email Address:		
TYPE OF OPERATION: Corpo	oration Partner	rship	LLC Individual
CORPORATION, PARTNERSHIP OI	RLLC		
If your company is a corporation, list st	ate and date of incorpoi	ration: State:	Date:
If your company is a Corporation, Part partners, members and stock holders an	▲		· · · · · · · · · · · · · · · · · · ·
Name:	Title:		_ % Interest:
Name:	Title:		_ % Interest:
Name:	Title:		_% Interest:
Name:	Title:		_% Interest:
YOU ARE REQUIRED TO PRINCORPORATION.	OVIDE A COPY	OF YOUR	CERTIFICATE OF

The West Virginia Board of Manufactured Housing Construction and Safety is responsible for licensing new and used manufactured housing dealers and/or distributors. The dealers and/or distributors engaged in business in West Virginia are required to prove adequate financial capacity.

Please have <u>each</u> financial lending institution, with which you do business, provide the information requested below regarding your financial capacity.

Applicants Lending Institution (Please make a copy for each financial lending institution)

Name:	T	elephone:
Address:	F	acsimile:
City:	State:Zip:C	Contact Person:
Account #:	Date Account Establis	hed:
Type of Account: () Regula	r Account () Special Account	() Floor Plan Financing Account
Amount of Funding Available \$	S Limit \$	Unused
Current Rating: () A-1 Acc	count () Fair Account () (Good Account () Poor Account
Average Balance: () Low ()) Medium () 3 Figures () 4 Fig	ures () 5 Figures () 6 Figures
Is there a credit line? () Yes	\$ Limit \$	Unused () No
Security provided to secure cre	dit from lending institution:	
Does this account require any t	ype of special handling? () Ye	es () No
I hereby authorize the financial	institution to release the informat	tion requested.
Authorized Representative of Financial Institution:	Applicant Signature	Date
	Signature & Title	Date
Sworn to before me this	day of, 2	20
My commission expires		
Notary Public		SEAL

Applicant must attach a <u>CURRENT CREDIT REPORT</u> with this document.

SECTION II (continued)

List all individuals' names appearing or will appear on any loan or document evidencing a financial obligation of the business entity applying for licensure.

Name:	Address:	_Telephone:
Name:	Address:	_Telephone:

I/we ______, authorize the West Virginia Board of Manufactured Housing Construction and Safety to conduct a background check on each individual that is a participant in the entity applying for licensure.

SECTION III

WV Unemployment Comp WV Workers Compensati WV Contractor License (§	Tax Number:
Name of Liability Insuran	ce Carrier:
Address:	Telephone:
Insurance Policy Number	Amount of Coverage:
(Please	e enclose a copy of your liability insurance certificate)
SECTION IV	
AI	FIDAVIT OF APPLICATION FOR LICENSURE
	have read, , have read laws and rules regulating the manufacture, sale and distribution and/or ed housing under West Virginia law.
regarding the manufactur Virginia. I/we hereby for business designed herein Licensure is made. I/we of and counties required by	comply with all applicable State and Federal statutes, laws and regulations re, sale, distribution and/or installation of manufactured housing in West orther state that I/we will engage in the business indicated, under the only during the tenure of the license for which this Application for ertify that I/we have obtained all appropriate licenses from municipalities West Virginia law. And I further certify that the statements contained in for Licensure are true and correct.
Signature:	Date:
Sworn to before me this	day of, 20
My commission expires	

Notary Public

SEAL

BIOGRAPHICAL AFFIDAVIT

(Print or Type)

SECTION V

Biographical Affidavit must be completed, signed and notarized for each officer, partner, member, stockholder (5% + stock) or owner of the business entity on the Application for Licensure.

Name of Business:				
Address:		City:	State:	Zip:
In connection with the requested.	above-named	business, I here	with represent and	provide information
Full Name (No Initials):				
Position:	Officer		_ Stockholder	Employee
List any other names used:			Business Telepho	ne:
Business Address:		City:	State	:Zip:
Have you ever changed your	name? Yes	No If yes, w	vhy:	

LIST ALL PLACES OF RESIDENCE FOR THE LAST SEVEN (7) YEARS						
Dates of Residence	Address					

	·	
Location	Dates Attended	Degree
	Location	Location Dates Attended

SECTION V (continued)

1. List memberships in Professional Societies and Associations:

2. Present position with the applicant business:

3. List complete employment record for the past seven (7) years including directors' positions. (Extra sheets maybe added)

Company Name	Address	Title	Dates of Employment

4. Have y	ou ever been in	a position	that required	a fidelity bond?	Yes	No
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(a) If yes	, were claims ev	ver made on the bond?	Yes	No
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(h)	If yes.	please	describe	claim	filed in	full	detail:	
$\langle \sim \rangle$		p						

5. Have you ever been denied an individual or position schedule or fidelity bond or had a bond cancelled or revoked?

Yes _____ No If yes, provide reason for denial, cancellation or revocation: ______

6. During the last seven (7) years have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?

Yes _____ No If yes, provide reason for denial, suspension or revocation: ______

7. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction or pleaded guilty or nolo contrendere to an information or indictment charging any felony, or charging a misdemeanor, other than minor traffic violations, or have you been subject of any disciplinary proceedings of any federal or state regulatory agency?

SECTION	V	(continued)

YesNo If yes, provide explanation:	
8. Has any company been charged, allegedly as a result ofYesNo If yes, explain:	
9. Have you ever been adjudged bankrupt?Yes	No If yes,
Date Filed: Which Bankru	ptcy Court?
Reason for Bankruptcy:	
10. Have you ever been licensed as a manufactured housing in any state, including West Virginia? Yes information:	g dealer, manufacturer or set-up contractor
Business Name and Address	Date Issued
11. Has your license ever been suspended, revoked, cancell If yes, attach full particulars.	ed or terminated? Yes No
Dated and signed this day of	_ 20 at
I hereby certify under penalty of perjury that I am acting o statements are true and correct to the best of my knowledge	•
	Signature of Affiant
Subscribed and sworn to before me this day of	20
	Notary Public

My Commission Expires _____

List all Manufacturers and their West Virginia Board of Manufactured Housing Construction and Safety License Numbers for which you will conduct business with:

 WV
 WV
 WV
 WV
 WV

List all Contractors and their West Virginia Board of Manufactured Housing Construction and Safety License Numbers for which you will conduct business with:

WV
WV
WV
 WV
WV
WV
WV
 WV

(Additional pages may be attached)

WEST VIRGINIA BOARD OF MANUFACTURED HOUSING CONSTRUCTION AND SAFETY

RECOVERY FUND

Name of Business:_____

I/we, as an Applicant for Licensure as a dealer/distributor, do hereby apply for participation in the West Virginia State Manufactured Housing Fund established under the provision of West Virginia Code §21-9 and the State and Federal laws, rules and regulations administered by the West Virginia Board of Manufactured Housing Construction and Safety.

Pursuant to the laws and regulations adopted by the Board, enclosed is:

_____ \$1,000.00 for participation as a licensed dealer/distributor.

Signature: _____