Each person who desires to engage in business as a contractor for manufactured housing in this state, shall apply to the West Virginia Board of Manufactured Housing Construction and Safety for a license. A contractor is required to maintain one (1) license and this rule is applicable to contractors whose principal office is in or out of this state.

The Board shall grant an initial or renewal contractor’s license if it finds that the applicant is eligible to operate as a contractor by virtue of the following: (a) the contractor’s adequate financial capacity; (b) the contractor’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 contractor’s license in this state or any other jurisdiction; and (c) the contractor’s compliance with the applicable portions of this rule and with the applicable federal standards. (42 CSR 19-6.6)

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 contractor/installer 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

$125.00 – Contractors License Fee (Waived When Licensed With Contractor Licensing Board)

$500.00 – Recovery Fund

MAKE CHECK PAYABLE TO:
West Virginia Board of Manufactured Housing Construction and Safety
GENERAL INFORMATION: (PRINT OR TYPE)

Name of Business: ______________________________________ DBA ______________________________

Mailing Address: _______________________________________________________________________

City: _____________________________ County: _______________ State: _____ Zip: ______________

Physical Location of Business: ______________________________________ Telephone: __________

Facsimile: __________________________ Email Address: _____________________________________

TYPE OF OPERATION: _____ Corporation     _____ Partnership       _____ LLC   ____ Individual

CORPORATION, PARTNERSHIP OR LLC

If your company is a corporation, list state and date of incorporation: State: _______ Date: ________

If your company is a Corporation, Partnership or LLC, list names and titles of all current officers, partners, members and stock holders and percentage of interest held by each in the company.

Name:______________________________________  Title:  __________________ % Interest:________

Name:______________________________________  Title:  __________________ % Interest:________

Name:______________________________________  Title:  __________________ % Interest:________

Name:______________________________________  Title:  __________________ % Interest:________

YOU ARE REQUIRED TO PROVIDE A COPY OF YOUR CERTIFICATE OF INCORPORATION.
Applicants Lending Institution(s)

Name:______________________________________________  Telephone:  ________________________
Address:_______________________________________________________________________________
City:______________________ State:_____ Zip:_____________ Contact Person:__________________
Credit Line:____________________________________________________________________________
Security provided to secure credit from lending institution: ____________________________________

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:_____________
Name:___________________________ Address:________________________Telephone:_____________
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 Business Registration Tax Number: _________________________________________________

WV Unemployment Compensation Fund Number: ________________________________________

WV Workers Compensation Number: __________________________________________________

WV Contractor License (§30-42) Number:____________________________________________

Name of Liability Insurance Carrier: __________________________________________________

Address: __________________________________________________ Telephone: _______________

Insurance Policy Number: _____________________________ Amount of Coverage: ____________

(Please enclose a copy of your liability insurance certificate)

SECTION IV

AFFIDAVIT OF APPLICATION FOR LICENSURE

I/we ______________________________________________________________________, have read
and understand the state laws and rules regulating the manufacture, sale and distribution and/or
installation of manufactured housing under West Virginia law.

I/we certify that I/we will comply with all applicable State and Federal statutes, laws and
regulations regarding the manufacture, sale, distribution and/or installation of manufactured
housing in West Virginia. I/we hereby further state that I/we will engage in the business indicated,
under the business designed herein, only during the tenure of the license for which this Application
for Licensure is made. I/we certify that I/we have obtained all appropriate licenses from
municipalities and counties required by West Virginia law. And I further certify that the
statements contained in the foregoing Application for Licensure are true and correct.

Signature:______________________________________Date: ________________________________

Sworn to before me this _____day of ________________ , 20____.

My commission expires __________________________

______________________________________________

Notary Public

SEAL
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 above-named business, I herewith represent and provide information requested.

Full Name (No Initials): _________________________________________

List any other names used: _____________________________________ Business Telephone: ___________________

Business Address: __________________________ City: ______________ State: ______ Zip: ______

Have you ever changed your name? _____ Yes _____ No  If yes, why: ________________________________________

LIST ALL PLACES OF RESIDENCE FOR THE LAST SEVEN (7) YEARS

<table>
<thead>
<tr>
<th>Dates of Residence</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EDUCATION

<table>
<thead>
<tr>
<th>School Name</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Address</th>
<th>Title</th>
<th>Dates of Employment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Have you ever been in a position that required a fidelity bond? _____Yes _____No
   
   (a) If yes, were claims ever made on the bond? _____ Yes _____ No
   
   (b) If yes, please describe claim filed in full detail: _____________________________

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 contendere 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?

_____ Yes    _____ No          If yes, provide explanation:__________________________________

8. Has any company been charged, allegedly as a result of any action or conduct on your part?

_____ Yes_____No      If yes, explain:___________________________________________________

9. Have you ever been adjudged bankrupt? _____Yes     _____ No   If yes,

Date Filed: ____________________ Which Bankruptcy Court? _________________________
Reason for Bankruptcy: ___________________________________________________________

10. Have you ever been licensed as a manufactured housing dealer, manufacturer or set-up contractor in any state, including West Virginia? _____ Yes       ______ No        If yes, provide following information:

Business Name and Address           Date Issued

11. Has your license ever been suspended, revoked, cancelled or terminated? _____ Yes     _____ No
If yes, attach full particulars.

Dated and signed this _______ day of ___________________ 20____ at ________________________
I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing
statements are true and correct to the best of my knowledge and belief.

______________________________
Signature of Affiant

Subscribed and sworn to before me this _____ day of ______________________ 20____.

______________________________
Notary Public

SEAL    My Commission Expires ______________________________
List all Dealers or Contractors and their West Virginia Board of Manufactured Housing Construction and Safety License Numbers for which you will perform work on a manufactured home:

_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______
_________________________________________________________ WV_______

(Additional pages may be attached)
Name of Business: ____________________________________________

I/we, as an Applicant for Licensure as a Contractor/Installer, 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:

______ $500.00 for participation as a licensed contractor/installer.

Signature: ____________________________________________

WEST VIRGINIA BOARD OF MANUFACTURED HOUSING CONSTRUCTION AND SAFETY

RECOVERY FUND

Revised 12/17/2021