

**WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION AND
SAFETY BOARD**

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200
Charleston, West Virginia 25305

Telephone: (304) 558-7890

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**CONTRACTOR LICENSE
APPLICATION**

Each person who desires to engage in business as a contractor for manufactured housing in this state, shall apply to the West Virginia Manufactured Housing Construction and Safety Board 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 Manufactured Housing Construction and Safety Board 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 Manufactured Housing Construction and Safety Board will constitute a public record.

The following fees must be enclosed with the Application for Licensure

\$125.00 – Contractors License Fee

\$500.00 – Recovery Fund

MAKE CHECK PAYABLE TO:

West Virginia Manufactured Housing Construction and Safety Board

SECTION I

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.

SECTION II

**FINANCIAL INFORMATION
(OFFICE USE ONLY)**

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 Manufactured Housing Construction and Safety Board 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 Contractors Licensing (§21-11) 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

(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 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

Dates of Residence	Address

EDUCATION

School Name	Location	Dates Attended	Degree

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 may be added)

Company Name	Address	Title	Dates of Employment

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

SECTION V (continued)

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

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My Commission Expires _____

SECTION VI

List all Dealers or Contractors and their West Virginia Manufactured Housing Construction and Safety Board License Number for which you will perform work on a manufactured home:

_____ WV _____

_____ WV _____

_____ WV _____

_____ WV _____

_____ WV _____

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_____ WV _____

(Additional pages may be attached)

SECTION VII

**WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION
AND SAFETY BOARD**

RECOVERY FUND

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 Manufactured Housing Construction and Safety Board.

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

_____ **\$500.00 for participation as a licensed contractor/installer.**

Signature: _____