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
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, or
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.
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 each 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:________________________________________________ Telephone:_______________________

Address:______________________________________________ Facsimile: _______________________

City:______________________ State:_____ Zip:_____________ Contact Person:___________________

Account #:___________________________ Date Account Established: _________________________

Type of Account: ( ) Regular Account ( ) Special Account ( ) Floor Plan Financing Account

Amount of Funding Available $ ______________ Limit $ ______________ Unused

Current Rating: ( ) A-1 Account ( ) Fair Account ( ) Good Account ( ) Poor Account

Average Balance: ( ) Low ( ) Medium ( ) 3 Figures ( ) 4 Figures ( ) 5 Figures ( ) 6 Figures

Is there a credit line? ( ) Yes $ ______________ Limit $ ______________ Unused ( ) No

Security provided to secure credit from lending institution: ________________________________

Does this account require any type of special handling? ( ) Yes ( ) No

I hereby authorize the financial institution to release the information requested.

_________________________________________ Date

Applicant Signature

Authorized Representative of Financial Institution:

_________________________________________ Date

Signature & Title

Sworn to before me this _______day of _____________________, 20______.

My commission expires _________________________

_________________________________________

Notary Public

Applicant must attach a CURRENT CREDIT REPORT with this document.
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: _____________________________________________

WV DMV DTR LICENSE: ____________________________________________________________

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 __________________________

____________________________________ SEEL

Notary Public
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): ________________________________________

Position: ______________________ Officer ______________________ Stockholder ______________________ Employee

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

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<th>Dates of Residence</th>
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EDUCATION

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<th>School Name</th>
<th>Location</th>
<th>Dates Attended</th>
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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>
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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?
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
   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__

    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 ______________________
SECTION VI

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______
_________________________________________________________________________________________  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______
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_________________________________________________________________________________________  WV______

(Additional pages may be attached)
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: ________________________________