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

**Authorized Representative of Financial Institution:**

_________________________________________ Date

Signature & Title

Sworn to before me this ______ day of ________________________, 20____.

My commission expires ___________________________

_________________________________________ SEAL

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: ______________

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 Contractors Licensing (§21-11) 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 _____________________________

_________________________________________________________
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): ____________________________________________________________

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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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 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?
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 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 _____

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______________________________________________________________________________________ WV _____

______________________________________________________________________________________ WV _____

______________________________________________________________________________________ WV _____

(Additional pages may be attached)
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: ____________________________________________