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

The Board shall grant an initial or renewal manufacturer’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 manufacturer’s adequate financial capacity; (b) the manufacturer’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 manufacturer’s license in this state or any other jurisdiction; and (c) the manufacturer’s compliance with the applicable portions of this rule and with the applicable federal standards. (42 CSR 19-4.6)

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 manufacturer 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:

$750.00 - Manufacturer License Fee
$2,500.00 - 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 manufactured housing manufacturers. Manufacturers 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.

____________________________________________________________________

Authorized Representative of Financial Institution: Applicant Signature Date

____________________________________________________________________

Signature & Title Date

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: ____________

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

Federal Employers Identification Number: ______________________________________________

Name of Liability Insurance Carrier: ________________________________________________

Address: __________________________________________ Telephone: ________________

Insurance Policy Number: _____________________________ Amount of Coverage: ____________

(Please enclose a copy of your liability insurance certificate)

Name of Manufacturer DAPIA _________________________________________________________

Name of Manufacturer IPIA(s) _________________________________________________________

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

<table>
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<th>Dates of Residence</th>
<th>Address</th>
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EDUCATION

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

_____ 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:

<table>
<thead>
<tr>
<th>Business Name and Address</th>
<th>Date Issued</th>
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11. Has your license ever been suspended, revoked, cancelled or terminated?  _____ Yes _____ No  If yes, attach full particulars.

Dated and signed this _______ day of ______________________ 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 West Virginia Dealers and their West Virginia Board of Manufactured Housing Construction and Safety License Number this licensed manufacturing plant will be shipping to:

<table>
<thead>
<tr>
<th>Dealers Name</th>
<th>License Number</th>
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(Additional pages may be attached)
Name of Business: ____________________________________________

I/we, as an Applicant for Licensure as a manufacturer, 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:

______ $2,500.00 for participation as a licensed manufacturer.

Signature: ____________________________