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  Applicant Signature            Date
Financial Institution:
_________________________________________________________________________________
Signature & Title                                                Date

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

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
(Print or Type)

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.

<table>
<thead>
<tr>
<th>Full Name (No Initials):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Position: _______________ Officer ________________ Stockholder ________________ Employee</td>
<td></td>
</tr>
<tr>
<td>List any other names used: ________________ Business Telephone: ________________</td>
<td></td>
</tr>
<tr>
<td>Business Address: ________________ City: ________________ State: _____ Zip: ________</td>
<td></td>
</tr>
<tr>
<td>Have you ever changed your name? _____ Yes _____ No If yes, why: ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

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>
</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 __________________ 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:

__________________________________________________________________________ WV_______

__________________________________________________________________________ WV_______

__________________________________________________________________________ WV_______

__________________________________________________________________________ WV_______

__________________________________________________________________________ WV_______

__________________________________________________________________________ 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 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: ________________________________________________________________