

**Limited Manufactured Structures
Dealer License Renewal Application**
Oregon Department of Consumer and Business Services
Division of Financial Regulation
 350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
 Mailing address: P.O. Box 14480, Salem, OR 97309-0405
 503-947-7300 • Fax: 503-947-7862
 dfr.ndp.licensing@dcbs.oregon.gov
 dfr.oregon.gov



Mail application with payment to:
 DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature:	

Please complete all steps before submitting your application and refer to the checklist at the end of this form.

STEP 1: LICENSEE NAME AND CONTACT INFORMATION

Licensee's name:		License number:	
Contact person:		Title:	
Address:			
City:		State:	ZIP:
Phone:	Fax:	Email:	

STEP 2: CHANGES IN INFORMATION

Since the last application or license correction application was filed, has the applicant changed:

- ABN/DBA
- Business mailing address
- Business phone or fax number
- Park name
- Park operator
- Park operator's contact information owners or officers
- Percentages of ownership
- Residential address or other contact information for owners or officers

If there were no changes, check here
 If there were any changes, attach the Renewal Application – Change of Information Supplement.

STEP 3: AFFIDAVIT OF RENEWAL APPLICANT

Read the following statements, check each box that is true, sign, and date.

1. There have been no changes to the bond or letter of credit on file with the division for this license.

2. The information on file with the division is complete and correct unless amended by information submitted with this application.

3. The information on this application is complete and correct.

4. I am authorized to sign this application.

Signature and printed name and title of sole proprietor, partner, corporate officer, or LLC member:

Signature:	Date:
Print name:	Title:

STEP 4: RENEWAL APPLICANT CHECKLIST

1. Application form completed with Affidavit (Step 3) signed by authorized person

2. Change of Information Supplement enclosed, if applicable

3. Payment of fee enclosed (\$150 for license)

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
_____	\$ _____
Cardholder signature	Amount

Name of cardholder as shown on credit card	

Credit card number	Expiration date
_____	_____

Secure fax payment: 503-947-2333

Fiscal use only: 12104/0600 92700/93040/1007

Make check or money order payable to
 Department of Consumer & Business Services.
 If paying by credit card, applicant must sign
 credit card information box. Do not send cash.



**Limited Manufactured Structures
 Dealer Supplemental Renewal Application
 Change of Information Supplement
 Oregon Department of Consumer and Business Services
 Division of Financial Regulation**



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 P.O. Box 14610
 Salem, OR 97309-0445

350 Winter St. NE, Room 410, Salem, Oregon 97301-3881
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DEPARTMENT USE ONLY		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Date:
Signature:		

Licensee's name:	License number:
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Provide any changed information below. You have to provide only information that has changed.

LICENSEE INFORMATION			
Business name of applicant (DBA/ABN):			
Business mailing address:			
City:	State:	ZIP:	
Phone:	Fax:		
Type of entity: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation of the state of <input type="checkbox"/> LLC			
CONTACT PERSON FOR PARK OWNER INFORMATION			
Name:		Title:	
Address:			
City:	State:	ZIP:	
Phone:	Fax:	Email:	
PARK INFORMATION			
Legal name of park (sole proprietorship, partnership, corporation, or LLC):			
Business name of park (DBA/ABN):			
Street address of park:			
City:	State:	ZIP:	
PARK OPERATOR INFORMATION			
Name of park operator:		Email:	
Address:			
City:	State:	ZIP:	
Phone:	Date of birth:	Social Security number (required):	
OWNERS, PARTNERS, OR OFFICERS			
The following people are <i>no longer</i> owners, partners, or officers of the company:			

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OWNERS, PARTNERS, OR OFFICERS (continued)

If previously reported owners or partner had their ownership percentages change, provide the name and new ownership percentage: (copy and attach additional sheet if needed for more entries). Additional pages attached and submitted as part of this application: Yes No

Person	Ownership percentage

Use the boxes below to report changes to information for existing owners, partners, or officers or report new owners, partners, and officers. For new owners, partners, or officers, a Social Security number is required for each new person. For additional entries, copy this page as needed and attach to the application. Additional pages attached and submitted as part of this application: Yes No

Name:		Title:
Residence address:		
City:	State:	ZIP:
Mailing address (if different):		
City:	State:	ZIP:
Phone:	Email:	
Percentage of ownership:	Date of birth:	Social Security number (required):

Name:		Title:
Residence address:		
City:	State:	ZIP:
Mailing address (if different):		
City:	State:	ZIP:
Phone:	Email:	
Percentage of ownership:	Date of birth:	Social Security number (required):

Name:		Title:
Residence address:		
City:	State:	ZIP:
Mailing address (if different):		
City:	State:	ZIP:
Phone:	Email:	
Percentage of ownership:	Date of birth:	Social Security number (required):

