

**Manufactured Structures
Dealer License 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
503-378-4140 • Fax: 503-947-7862
<http://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: APPLICANT INFORMATION			
Legal name of applicant (sole proprietorship, partnership, corporation, or LLC):			
Business name of applicant (DBA/ABN):		Federal Tax Identification Number:	
Type of entity: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation of the state of _____ <input type="checkbox"/> LLC			
Business street address:			
City:	State:	ZIP:	
Business mailing address (if different):			
City:	State:	ZIP:	
Phone: ()		Fax: ()	
STEP 2: CONTACT PERSON			
<i>Provide the name and address of a contact person.</i>			
Name:		Title:	
Address:			
City:	State:	ZIP:	
Phone: ()	Fax: ()	Email:	
STEP 3: REAL ESTATE BROKER INFORMATION			
<i>If the applicant is a licensed real estate broker, complete this section.</i>			
Name on broker license:			
Type of broker: <input type="checkbox"/> Broker <input type="checkbox"/> Principal broker		License no.:	Expiration date:

Continued on next page

The fee for a manufactured structures dealer license is \$542. The license is valid for three years from the date of issue.

<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
--



440-2962 (10/19/COM)

**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.

Continued from previous page

STEP 4: TYPES OF MANUFACTURED STRUCTURES SOLD

Applicant will sell used manufactured structures: Yes No

Applicant will sell new recreational vehicles (RVs): Yes No

If applicant will sell new RVs wider than 8.5 feet, provide the street address of the RV service facility:

Facility address:

Phone: ()

City:

State:

ZIP:

STEP 5: OWNER, PARTNER AND OFFICER INFORMATION

Print the names of owners, partners, or corporate officers. A Social Security number is required for each person. If there are more than five owners or corporate officers, 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):

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):

Continued on next page

STEP 6: SUPPLEMENTAL LICENSES	
<p><i>An applicant for a manufactured structures dealer license must apply for a manufactured structures dealer supplemental license if the applicant is going to open an additional place of business under the same business name. The applicant must submit a Manufactured Structures Dealer Supplemental License Application (Form 440-2963) for each additional place of business.</i></p> <p>Applicant is submitting a supplemental license application: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
STEP 7: BOND OR LETTER OF CREDIT REQUIREMENT	
<p>A bond, in the amount of \$40,000 for each year the license is valid, or a letter of credit must be submitted before the Division of Financial Regulation issues a license. The bond must be submitted on a Division of Financial Regulation surety bond form (440-2966). Give the form to your insurance agent. When the agent returns the form, sign it and submit the original and power of attorney with your application.</p>	
STEP 8: OTHER LICENSES	
<p><i>If applicant is or has been licensed as a manufactured structures dealer in another state, provide the following information:</i></p>	
State:	License number:
<p>Applicant has been suspended, revoked, or placed on probation: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
STEP 9: AFFIDAVIT OF APPLICANT	
<p>Read the following statements, check each box that is true, sign, and date.</p> <p><input type="checkbox"/> 1. The applicant will act as a manufactured structures dealer and will conduct business at the location stated on this application.</p> <p><input type="checkbox"/> 2. If the street address of the applicant's business is in a residential zone, all manufactured structures sold or displayed at that address will meet any architectural and aesthetic standards regulating the placement of manufactured structures in that residential zone.</p> <p><input type="checkbox"/> 3. If the applicant will offer for sale new recreational vehicles greater than 8.5 feet in width, the applicant will maintain a recreational-vehicle service facility for those recreational vehicles at a street address provided on this application.</p> <p><input type="checkbox"/> 4. The information on this application is complete and correct.</p> <p><input type="checkbox"/> 5. I am authorized to sign this application.</p> <p>Signature and printed name and title of sole proprietor, partner, corporate officer, or LLC member:</p>	
Signature:	Date:
Print name:	Title:
STEP 10: APPLICANT CHECKLIST	
<p><input type="checkbox"/> 1. Application form completed with Affidavit (Step 9) signed by authorized person</p> <p><input type="checkbox"/> 2. Supplemental pages listing additional owners enclosed, if applicable</p> <p><input type="checkbox"/> 3. Supplemental license applications enclosed, if applicable</p> <p><input type="checkbox"/> 4. Surety bond or letter of credit enclosed</p> <p><input type="checkbox"/> 5. Applicant signed surety bond</p> <p><input type="checkbox"/> 6. Payment of \$542.00 fee enclosed</p>	