

**Manufactured Structures  
Dealer License Application  
Oregon Department of Consumer & Business Services  
Division of Financial Regulation**

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881  
Mailing address: P.O. Box 14480, Salem, OR 97309-0405  
(503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100  
http://dfcs.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):		Oregon Registry no.:
Business name of applicant (DBA/ABN):		FEIN:
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:
Phone: ( )	Fax: ( )	E-mail:
Business mailing address:		
City:	State:	ZIP:
<i>If the applicant is a sole proprietorship or partnership, complete this section.</i>		
Name of sole proprietor or partner:		Social Security no. (required):
Residence address:		
City:	State:	ZIP:
Phone: ( )	Fax: ( )	E-mail:

**STEP 2: CONTACT PERSON**

*Provide the name and address of a contact person.*

Name:		Relationship to applicant:
Address:		
City:	State:	ZIP:
Phone: ( )	Fax: ( )	E-mail:

*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: _____
Credit card number _____	Expiration date _____
Name of cardholder as shown on credit card _____	
Cardholder signature _____	\$ _____ Amount

**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.

**Fiscal use only: 61242/1001**



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<b>STEP 3: REAL ESTATE BROKER INFORMATION</b>			
<i>If the applicant is a licensed real estate broker, complete this section.</i>			
Name on broker license:			
Type of broker: <input type="checkbox"/> Sole practitioner broker <input type="checkbox"/> Principal broker	License no.:	Expiration date:	
<b>STEP 4: TYPES OF MANUFACTURED STRUCTURES SOLD</b>			
Applicant will sell new manufactured structures: <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant will sell used manufactured structures: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant will sell new recreational vehicles (RVs): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If applicant will sell new RVs wider than 8.5 feet, state the street address of the RV service facility:</i>			
Facility address:		Phone: (      )	
City:	State:	ZIP:	
<b>STEP 5: NAMES, ADDRESSES, AND SIGNATURES OF OWNERS</b>			
<i>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.</i>			
Additional page(s) attached and submitted as part of this application: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	
Name:		Title:	
Signature:			
Residence address:			
City:	State:	ZIP:	
Phone: (      )	Date of birth:	Social Security no. (required):	

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**STEP 6: SUPPLEMENTAL LICENSES**

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.

Applicant is submitting a supplemental license application:  Yes  No

**STEP 7: BOND OR LETTER OF CREDIT REQUIREMENT**

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.

**STEP 8: OTHER LICENSES**

If applicant is or has been licensed as a manufactured structures dealer in another state, provide the following information:

State:	License no.:
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Applicant has been suspended, revoked, or placed on probation:  Yes  No

**STEP 9: AFFIDAVIT OF APPLICANT**

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

- 1. The applicant will act as a manufactured-structures dealer and will conduct business at the location stated on this application.
- 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.
- 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.
- 4. The information on this application is complete and correct.
- 5. I am authorized to sign this application.

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

Signature:	Date:
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Print name:	Title:
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**STEP 10: APPLICANT CHECKLIST**

- 1. Application form completed
- 2. Signatures of all owners obtained
- 3. Supplemental pages listing additional owners enclosed, if applicable
- 4. Supplemental license application(s) enclosed, if applicable
- 5. Surety bond or letter of credit enclosed
- 6. Applicant signed surety bond
- 7. Payment of fee enclosed
- 8. Affidavit signed by authorized person