

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



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

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>

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

A person must have a valid manufactured structures dealer license to apply for a supplemental license.

Approval of this application allows the applicant to open an additional place of business under the same business name. If the licensed dealer will operate an additional place of business under a different business name, the dealer must apply for a separate dealer license for that business.

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

| STEP 1: APPLICANT INFORMATION   |                 |                |
|---|-----------------|----------------|
| Licensee's Name:  | License number: |                |
| STEP 2: ADDITIONAL PLACE OF BUSINESS INFORMATION  |                 |                |
| Street address of additional place of business:   |                 |                |
| City:   | State:          | ZIP:           |
| Phone: (     )  | Fax: (     )    | Email:         |
| STEP 3: TYPES OF MANUFACTURED STRUCTURES SOLD   |                 |                |
| At the additional place of business:  |                 |                |
| 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, enter the street address of the RV service facility:</i> |                 |                |
| Facility address:   |                 | Phone: (     ) |
| City:   | State:          | ZIP:           |

*Continued on next page*

**The fee for a supplemental license is \$90. The license expires on the same date the manufactured structures dealer license expires.**

Secure fax payment: 503-947-2333

|   |                                   |
|---|-----------------------------------|
| <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 _____  | \$ _____<br>Expiration date _____ |

|  |
|--|
| 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.



**STEP 4: 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 an RV service facility for those RVs at an 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:

Print name:

Title:

**STEP 5: APPLICANT CHECKLIST**

- 1. Application form completed
- 2. Affidavit signed by authorized person
- 3. Payment of \$90.00 fee enclosed