Manufactured Structures Dealer and
Limited Manufactured Structures Dealer
License Correction 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

☐ Approved ☐ Denied Date:

Signature:

A licensed manufactured structures dealer may use this form to:
- Change the street address, mailing address, if the dealer has moved the principal place of business, the additional place of business (supplemental license), or the recreational vehicle service facility.
- Change the assumed business name or DBA.

A licensed limited manufactured structures dealer may use this form to:
- Change the mailing address of the business.
- Change the assumed business name or DBA.

A dealer may not use this form to change the name of the sole proprietorship, partnership, corporation, or LLC that holds the license. A change of ownership requires a new application.

Please complete all steps before submitting your application.

STEP 1: APPLICANT INFORMATION

Licensee’s Name: ____________________________ License number: ____________________________

STEP 2: CORRECTIONS TO PRIMARY PLACE OF BUSINESS

Enter any corrections needed to the information for the primary place of business or check here if not applicable ☐

New DBA or ABN: ____________________________

New street address:

City: ____________________________ State: ____________________________ ZIP: ____________________________

New mailing address:

City: ____________________________ State: ____________________________ ZIP: ____________________________

Phone: ( ) Fax: ( ) Email: ____________________________

STEP 3: CORRECTIONS TO THE RECREATIONAL VEHICLE SERVICE FACILITY

Enter any corrections needed to the information for the recreational vehicle service facility or check here if not applicable ☐

New street address: ____________________________ Phone: ( )

City: ____________________________ State: ____________________________ ZIP: ____________________________

The fee to correct a license is $30.

☐ Visa ☐ MasterCard ☐ Discover Phone: ____________________________

Cardholder signature ____________________________________________ Amount ____________________________

Name of cardholder as shown on credit card $ ____________________________ 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.
**STEP 4: CORRECTIONS TO SUPPLEMENTAL PLACE OF BUSINESS**

Enter any corrections needed for the supplemental place of business or check here if not applicable [ ]

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<td>City:</td>
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**STEP 5: AUTHORIZED SIGNATURE**

I am authorized to submit these corrections. The information on this application is complete and correct. I authorize the Division of Financial Regulation to make corrections to the dealer license.

<table>
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<tr>
<th>Signature:</th>
<th>Date:</th>
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<tbody>
<tr>
<td>Print name:</td>
<td>Title:</td>
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