

**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		
<input type="checkbox"/> Approved	<input type="checkbox"/> 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
New street address:		Phone: ()
City:	State:	ZIP:

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The fee to correct a license is \$30.

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 _____		\$ _____	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.



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STEP 4: CORRECTIONS TO SUPPLEMENTAL PLACE OF BUSINESS

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

New street address:

City:	State:	ZIP:
Phone: ()	Fax: ()	Email:

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.

Signature:	Date:
Print name:	Title: