

**Limited 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: _____	

Only persons who own manufactured-dwelling parks may apply for this license. A limited manufactured structures dealer license is valid for use at a single manufactured-dwelling park and allows the license holder to sell up to 10 used manufactured dwellings in a calendar year. A limited manufactured structures dealer may not employ a salesperson. *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): _____		Fed. Tax ID No.: _____
Type of entity: <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation of the state of _____ <input type="checkbox"/> LLC		
Business mailing address of applicant:		
City: _____	State: _____	ZIP: _____
Phone: ( ) _____	Fax: ( ) _____	
STEP 2: CONTACT PERSON FOR PARK OWNER		
Name of contact person: _____		Title: _____
Address:		
City: _____	State: _____	ZIP: _____
Phone: ( ) _____	Fax: ( ) _____	Email: _____
STEP 3: PARK NAME AND ADDRESS		
Legal name of park (sole proprietorship, partnership, corporation, or LLC): _____		
Business name of park (DBA/ABN): _____		
Street address of park:		
City: _____	State: _____	ZIP: _____

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**The fee for a limited manufactured structures dealer license is \$150. The license is valid for two years from the date issued.**

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: PARK OPERATOR INFORMATION**

If the applicant is the **owner** of the manufactured-dwelling park and the owner's park operator will sell manufactured structures, complete this section.

Name of park <b>operator</b> :		Email:	
Address:			
City:		State:	ZIP:
Phone: (     )	Date of birth:	Social Security number (required):	

**STEP 5: PARK OWNER, PARTNERS OR OFFICERS INFORMATION**

Print the names of owners, partners, or corporate officers. A Social Security number is required for each person. If there are more than four owners or corporate officers, copy this page as needed and attach to the application.

Additional page(s) 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):	

**STEP 6: BOND OR LETTER OF CREDIT REQUIREMENT**

A bond, in the amount of \$15,000 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.

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**STEP 7: AFFIDAVIT OF APPLICANT**

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

- 1. The information on this application is complete and correct.
- 2. 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 8: APPLICANT CHECKLIST**

- 1. Application form completed
- 2. Supplemental pages listing additional owners enclosed, if applicable
- 3. Signed, original surety bond with power of attorney or letter of credit enclosed
- 4. Application signed by authorized person
- 5. Payment of fee enclosed