

**Manufactured Structures  
Dealer License Renewal 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:

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

**STEP 1: RENEWAL APPLICANT INFORMATION**

Licensee's name:		License number:
Business name of applicant (DBA/ABN):		
Business street address:		
City:	State:	Zip:
Type of entity: <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation of the state of <input type="checkbox"/> LLC		

**STEP 2: INFORMATION REQUIRED BY ORS 446.696**

*Print the names of owners, partners, or corporate officers. If there are more than four owners or corporate officers, copy this page as needed, complete and submit as part of this application. Additional pages included?:  Yes  No*

Name:		
Mailing address:		
City:	State:	ZIP:
Name:		
Mailing address:		
City:	State:	ZIP:
Name:		
Mailing address:		
City:	State:	ZIP:
Name:		
Mailing address:		
City:	State:	ZIP:

*Continued on next page*

<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 _____

Secure fax payment: 503-947-2333

Fiscal use only: 12104/0600 92700/93040/1007
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**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.



<b>STEP 3: CONTACT INFORMATION</b>															
Name:		Title:													
Address:															
City:		State:	ZIP:												
Phone: (     )	Fax: (     )	Email:													
<b>STEP 4: RENEWAL OF SUPPLEMENTAL LICENSES</b>															
Does the applicant have any supplemental licenses: <input type="checkbox"/> Yes <input type="checkbox"/> No   If no, skip to next step.															
Enter the license numbers of the supplemental license(s) you wish to renew:															
<b>STEP 5: CHANGES IN INFORMATION</b>															
Since the last application or license correction application was filed, has the applicant changed:															
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>ABN/DBA</li> <li>Business mailing address</li> <li>Business phone or fax number</li> <li>Contact person name or information</li> <li>Real estate broker license information (other than an extension on the expiration date)</li> <li>Types of structures sold (used or new)</li> <li>Location of the RV vehicle service facility</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Owners or officers</li> <li>Percentages of ownership</li> <li>Residential address or other contact information for owners or officers</li> <li>States where you are licensed</li> <li>Change to street address of licensed supplemental location</li> <li>Change to phone, fax, or email of supplemental location</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>ABN/DBA</li> <li>Business mailing address</li> <li>Business phone or fax number</li> <li>Contact person name or information</li> <li>Real estate broker license information (other than an extension on the expiration date)</li> <li>Types of structures sold (used or new)</li> <li>Location of the RV vehicle service facility</li> </ul>	<ul style="list-style-type: none"> <li>Owners or officers</li> <li>Percentages of ownership</li> <li>Residential address or other contact information for owners or officers</li> <li>States where you are licensed</li> <li>Change to street address of licensed supplemental location</li> <li>Change to phone, fax, or email of supplemental location</li> </ul>										
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If there were no changes, check here <input type="checkbox"/>															
If there were changes, attach the Renewal Application – Change of Information Supplement.															
<b>STEP 6: AFFIDAVIT OF RENEWAL APPLICANT</b>															
Read the following statements, check each box that is true, sign, and date.															
<input type="checkbox"/> 1. The applicant will act as a manufactured structures dealer and will conduct business at the location stated on this application.															
<input type="checkbox"/> 2. If the street address of the applicant’s business has changed on this applicant and it 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.															
<input type="checkbox"/> 3. If the street address of the applicant’s business has changed on this application and 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 as part of the application.															
<input type="checkbox"/> 4. There have been no changes to the bond or letter of credit on file with the division for this license.															
<input type="checkbox"/> 5. The information on file with the division is complete and correct unless amended by information submitted with this application.															
<input type="checkbox"/> 6. The information on this application is complete and correct.															
<input type="checkbox"/> 7. 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:													
<b>STEP 7: RENEWAL APPLICANT CHECKLIST</b>															
<input type="checkbox"/> 1. Application form completed with Affidavit (Step 6) signed by authorized person															
<input type="checkbox"/> 2. Supplemental pages listing additional owners enclosed, if applicable															
<input type="checkbox"/> 3. Renewal Application – Change of Information Supplement enclosed, if applicable															
<input type="checkbox"/> 4. Payment of fee enclosed (\$542 for license and \$90 for each additional place of business)															
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Manufactured structure dealer license</td> <td style="width: 10%;"></td> <td style="width: 10%;">\$542.00</td> <td style="width: 30%;"></td> </tr> <tr> <td>\$90 for each of</td> <td>supplemental licenses</td> <td>\$</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: right;">Total fee enclosed:</td> <td>\$</td> <td></td> </tr> </table>				Manufactured structure dealer license		\$542.00		\$90 for each of	supplemental licenses	\$		Total fee enclosed:		\$	
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**Manufactured Structures  
Dealer Supplemental Renewal Application  
Change of Information Supplement  
Oregon Department of Consumer and Business Services  
Division of Financial Regulation**



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

Licensee's name:	License number:
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*Provide any changed information below. You have to provide only information that has changed.*

**MAILING ADDRESS INFORMATION**

Business mailing address (if different):

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

**REAL ESTATE BROKER INFORMATION IF LICENSEE IS ALSO LICENSED AS A REAL ESTATE BROKER**

Name on broker license:

Type of broker: <input type="checkbox"/> Broker <input type="checkbox"/> Principal broker	License no.:	Expiration date:
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**OTHER LICENSES**

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

State:	License number:
Applicant has been suspended, revoked, or placed on probation in any state: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(complete the following for yes)</i>	
State:	License number:
Reason for action:	

**TYPES OF MANUFACTURED STRUCTURES SOLD**

Applicant will sell used manufactured structures:  Yes  No

Applicant will sell new recreational vehicles (RVs):  Yes  No

*If applicant will sell new RVs wider than 8.5 feet, provide the street address of the RV service facility:*

Facility address:	Phone: (     )	
City:	State:	ZIP:

**OWNERS, PARTNERS, OR OFFICERS**

The following people are *no longer* owners, partners, or officers of the company:

If previously reported owners or partners had their ownership percentages change, provide the name and new ownership percentage: (copy and attach additional sheet if needed for more entries). Additional pages attached and submitted as part of this application:  Yes  No

Person	Ownership percentage

*Continued on next page*

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**OWNERS, PARTNERS, OR OFFICERS (continued)**

Use the boxes below to report changes to information for existing owners, partners, or officers or report new owners, partners, and officers. For new owners, partners, or officers, a Social Security number is required for each new person. For additional entries, copy this page as needed and attach to the application. Additional pages 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):

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):

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**SUPPLEMENTAL LICENSES (ADDITIONAL PLACE OF BUSINESS) INFORMATION**

Use the boxes below to report changes to information for existing supplemental locations. For additional entries, copy this page as needed and attach to the application. Additional pages attached and submitted as part of this application:  Yes  No

Supplemental license number (ex. MSS-1):

*Street address of additional place of business:*

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

Supplemental license number (ex. MSS-1):		
<i>Street address of additional place of business:</i>		
City:	State:	ZIP:
Phone: (     )	Fax: (     )	Email: