

# 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  
503-947-7300 • Fax: 503-947-7862  
dfr.ndp.licensing@dcbs.oregon.gov  
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		
<i>Enter any corrections needed to the information for the primary place of business or check here if not applicable</i> <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		
<i>Enter any corrections needed to the information for the recreational vehicle service facility or check here if not applicable</i> <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 92700/93040/1005

**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: