

**WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION  
AND SAFETY STANDARDS BOARD**

Building 6 – Room B-749 – Capitol Complex  
Telephone: (304) 558-7890

Charleston, West Virginia 25305  
Facsimile (304) 558-2447

**MANUFACTURER  
LICENSE APPLICATION**

Each person who desires to engage in business as a manufacturer of manufactured housing in this state, shall apply to the West Virginia Manufactured Housing Construction and Safety Standard Board for a license. A manufacturer is required to maintain one (1) license for each location engaged in business in this state.

The Board shall grant an initial or renewal manufacturer's license if it finds that the applicant is eligible to operate as a dealer and/or distributor by virtue of the following: (a) the manufacturer's adequate financial capacity; (b) the manufacturer's record of compliance with any lawful orders of the Board or any other equivalent agency of any other jurisdiction, including the lack of any revocation, suspension, or limitation of the manufacturer's license in this state or any other jurisdiction; and (c) the manufacturer's compliance with the applicable portions of this rule and with the applicable federal standards. (42 CSR 19-4.6)

In compliance with the provision of West Virginia statutes and rules adopted regulating manufactured housing, I hereby make application for a license authorizing me to engage in business as a manufacturer of manufactured housing.

I make the following statements under oath. I understand that the information provided will be used by the West Virginia Manufactured Housing Construction and Safety Standards Board to assess my qualification for licensure and I understand the license will be applicable only to the business listed herein and that the use of other names will require separate licenses. The information provided to the West Virginia Manufactured Housing Construction and Safety Standards Board will constitute a public record.

The following fees must be enclosed with the Application for Licensure:

**\$750.00 - Manufacturer License Fee**  
**\$2,500.00 - Recovery Fund**

**MAKE CHECKS PAYABLE TO:**

**West Virginia Manufactured Housing Construction and Safety Standards Board**

**SECTION I**

**GENERAL INFORMATION: (PRINT OR TYPE)**

Name of Business: \_\_\_\_\_ DBA \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location of Business: \_\_\_\_\_ Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_ Email Address: \_\_\_\_\_

TYPE OF OPERATION: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ LLC \_\_\_\_\_ Individual

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**CORPORATION, PARTNERSHIP OR LLC**

If your company is a corporation, list state and date of incorporation: State: \_\_\_\_\_ Date: \_\_\_\_\_

If your company is a Corporation, Partnership or LLC, list names and titles of all current officers, or partners, members and stock holders and percentage of interest held by each in the company.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Interest: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ % Interest: \_\_\_\_\_

**YOU ARE REQUIRED TO PROVIDE A COPY OF YOUR CERTIFICATE OF INCORPORATION.**

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**SOLE PROPRIETORSHIP AND GENERAL PARTNERSHIPS (Dealer and Installer Only)**

**YOU ARE REQUIRED TO PROVIDE YOUR PROOF OF FILING THIS ASSUMED NAME WITH THE CLERK OF THE COUNTY COMMISSION IN THE COUNTY WHERE THE PRINCIPAL PLACE OF BUSINESS IS LOCATED. (WV CODE §47-8-2)**

Principal Place of Business – County: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**SECTION II**

**FINANCIAL INFORMATION  
(OFFICE USE ONLY)**

The West Virginia Manufactured Housing Construction and Safety Standards Board is responsible for licensing manufactured housing manufacturers. Manufacturers engaged in business in West Virginia are required to prove adequate financial capacity.

Please have each financial lending institution, with which you do business, provide the information requested below regarding your financial capacity.

**Applicants Lending Institution (Please make a copy for each financial lending institution)**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Facsimile: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Account #: \_\_\_\_\_ Date Account Established: \_\_\_\_\_

Type of Account: ( ) Regular Account ( ) Special Account ( ) Floor Plan Financing Account

Amount of Funding Available \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_ Unused

Current Rating: ( ) A-1 Account ( ) Fair Account ( ) Good Account ( ) Poor Account

Average Balance: ( ) Low ( ) Medium ( ) 3 Figures ( ) 4 Figures ( ) 5 Figures ( ) 6 Figures

Is there a credit line? ( ) Yes \$ \_\_\_\_\_ Limit \$ \_\_\_\_\_ Unused ( ) No

Security provided to secure credit from lending institution: \_\_\_\_\_

Does this account require any type of special handling? ( ) Yes ( ) No

I hereby authorize the financial institution to release the information requested.

\_\_\_\_\_  
Applicant Signature Date

Authorized Representative of  
Financial Institution:

\_\_\_\_\_  
Signature & Title Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

SEAL

Applicant must attach a CURRENT CREDIT REPORT with this document.

**SECTION II (continued)**

List all individuals names appearing or will appear on any loan or document evidencing a financial obligation of the business entity applying for licensure.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

I/we \_\_\_\_\_, authorize the West Virginia Manufactured Housing Construction and Safety Standards Board to conduct a background check on each individual that is a participant in the entity applying for licensure.

**SECTION III**

Federal Taxpayers Identification Number: \_\_\_\_\_

Name of Liability Insurance Carrier: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Insurance Policy Number: \_\_\_\_\_ Amount of Coverage: \_\_\_\_\_

(Please enclose a copy of your liability insurance certificate)

Name of Manufacturer DAPIA \_\_\_\_\_

Name of Manufacturer IPIA(s) \_\_\_\_\_

**SECTION IV**

**AFFIDAVIT OF APPLICATION FOR LICENSURE**

I/we \_\_\_\_\_, have read and understand the state laws and rules regulating the manufacture, sale and distribution and/or installation of manufactured housing under West Virginia law.

I/we certify that I/we will comply with all applicable State and Federal statutes, laws and regulations regarding the manufacture, sale, distribution and/or installation of manufactured housing in West Virginia. I/we hereby further state that I/we will engage in the business indicated, under the business designed herein, only during the tenure of the license for which this Application for Licensure is made. I/we certify that I/we have obtained all appropriate licenses from municipalities and counties required by West Virginia law. And I further certify that the statements contained in the foregoing Application for Licensure are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_

Notary Public

SEAL

# BIOGRAPHICAL AFFIDAVIT

(Print or Type)

## SECTION V

**Biographical Affidavit must be completed, signed and notarized for each officer, partner, member, stockholder (5% + stock) or owner of the business entity on the Application for Licensure.**

**Name of Business:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**In connection with the above named business, I herewith represent and provide information requested.**

**Full Name (No Initials):** \_\_\_\_\_

**Position:** \_\_\_\_\_ **Officer** \_\_\_\_\_ **Stockholder** \_\_\_\_\_ **Employee**

**List any other names used:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Have you ever changed your name?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No** \_\_\_\_\_ **If yes, why:** \_\_\_\_\_

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. Social security numbers are required by the WV Division of Labor to comply with State Child Support Enforcement. Failure to provide your social security # will result in denial of a WVMH Manufacturer license to conduct business in this state as a Manufacturer. We have authority to solicit your social security number because of 42 U.S.C. 666 (a) (13) for purposes of verifying your identity.

### LIST ALL PLACES OF RESIDENCE FOR THE LAST SEVEN (7) YEARS

Dates of Residence	Address

### EDUCATION

School Name	Location	Dates Attended	Degree

**SECTION V (continued)**

1. List memberships in Professional Societies and Associations:

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2. Present position with the applicant business:

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3. List complete employment record for the past seven (7) years including directors positions.  
(Extra sheets maybe added)

Company Name	Address	Title	Dates of Employment

4. Have you ever been in a position that required a fidelity bond?  Yes  No

(a) If yes, were claims ever made on the bond?  Yes  No

(b) If yes, please describe claim filed in full detail: \_\_\_\_\_

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5. Have you ever been denied an individual or position schedule or fidelity bond or had a bond cancelled or revoked?

Yes  No If yes, provide reason for denial, cancellation or revocation: \_\_\_\_\_

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6. During the last seven (7) years have you ever been refused a professional, occupational, or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked?

Yes  No If yes, provide reason for denial, suspension or revocation: \_\_\_\_\_

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7. Have you ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction or pleaded guilty or nolo contendere to an information or indictment charging any felony, or charging a misdemeanor, other than minor traffic violations, or have you been subject of any disciplinary proceedings of any federal

**SECTION V (continued)**

or state regulatory agency?

\_\_\_\_ Yes \_\_\_\_ No If yes, provide explanation: \_\_\_\_\_

8. Has any company been charged, allegedly as a result of any action or conduct on your part?

\_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_

9. Have you ever been adjudged bankrupt? \_\_\_\_ Yes \_\_\_\_ No If yes,

Date Filed: \_\_\_\_\_ Which Bankruptcy Court? \_\_\_\_\_

Reason for Bankruptcy: \_\_\_\_\_

10. Have you ever been licensed as a manufactured housing dealer, manufacturer or set-up contractor in any state, including West Virginia? \_\_\_\_ Yes \_\_\_\_ No If yes, provide following information:

Business Name and Address

Date Issued

11. Has your license ever been suspended, revoked, cancelled or terminated? \_\_\_\_ Yes \_\_\_\_ No  
If yes, attach full particulars.

Dated and signed this \_\_\_\_\_ day of \_\_\_\_\_ at \_\_\_\_\_.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

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My Commission Expires \_\_\_\_\_

**SECTION VI**

**List all West Virginia Dealers and their West Virginia Manufactured Housing Construction and Safety Standards Board License Number this licensed manufacturing plant will be shipping to:**

\_\_\_\_\_ WV \_\_\_\_\_

\_\_\_\_\_ WV \_\_\_\_\_

\_\_\_\_\_ WV \_\_\_\_\_

\_\_\_\_\_ WV \_\_\_\_\_

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\_\_\_\_\_ WV \_\_\_\_\_

\_\_\_\_\_ WV \_\_\_\_\_

\_\_\_\_\_ WV \_\_\_\_\_

(Additional pages may be attached)

**SECTION VII**

**WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION  
AND SAFETY STANDARDS BOARD**

**RECOVERY FUND**

**Name of Business:** \_\_\_\_\_

**I/we, as an Applicant for Licensure as a manufacturer, do hereby apply for participation in the West Virginia State Manufactured Housing Fund established under the provision of West Virginia Code §21-9 and the State and Federal laws, rules and regulations administered by the West Virginia Manufactured Housing Construction and Safety Standards Board.**

**Pursuant to the laws and regulations adopted by the Board, enclosed is:**

\_\_\_\_\_ **\$2,500.00 for participation as a licensed manufacturer.**

**Signature:** \_\_\_\_\_