

# STATE OF MAINE

## MANUFACTURED HOUSING BOARD

### APPLICATION FOR LICENSURE AS A MANUFACTURED HOUSING MECHANIC



Department of Professional and Financial Regulation

Office of Licensing and Registration

35 State House Station

Augusta, ME 04333-0035

Office Telephone: (207) 624-8612  
HEARING IMPAIRED (207) 624-8563

Office located at: 122 Northern Avenue, Gardiner, Maine

## APPLICATION GUIDELINE FOR LICENSURE AS

### A MANUFACTURED HOUSING MECHANIC

Enclosed are all relevant materials for licensure as a manufactured housing mechanic in the State of Maine. Please read all the information carefully. If you have any questions, you may contact the Manufactured Housing Board office at (207) 624-8612 or by e-mail at: michelle.m.lovering@state.me.us.

#### FURNISHED TO APPLICANT ↗

1. Application Guide for Licensure as a Manufactured Housing Mechanic
2. Application for a Mechanic License
3. Consent to Service of Process Form with instructions
4. Criminal History Records Check (SBI) Memo
5. Criminal History Records Check (SBI) Form and a separate check for \$8.00 made payable to the Treasurer, State of Maine
6. Authorization of Credit Card Payment Form
7. Rules for Licensing Manufacturers, Dealers, and Mechanics (revised 11/26/95)
8. State of Maine Installation Standards (effective 3/1/93)
9. Rules for the Certification of Manufactured Housing (revised 8/25/97)
10. Regulations for Consumer Complaint Handling on Federal Certified Manufactured Housing (revised 1/20/97)
11. Title 10, Chapter 951, Manufactured Housing Act
12. Title 10, Chapter 213, Manufactured Housing Warranties

#### APPLICATION DEADLINE ↗

All applications must be received by the Manufactured Housing Board office **ten (10) days** prior to the scheduled Board meeting date.

#### LICENSING REQUIREMENTS ↗

**To apply for licensure as a Manufactured Housing Mechanic, the following documentation must be submitted** ↗

1. A completed Application for a Mechanic license;
2. Payment of the appropriate license fee (see below);
3. A completed Criminal History Records Form with appropriate fee (separate check); and
4. A completed Consent to Service of Process Form if the applicant is a non-resident of this State.

#### FEE SCHEDULE ↗

All fees must accompany your application for licensure. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following ↗

After <u>February</u> of the <u>Even</u> Numbered Years	\$200.00
After <u>February</u> of the <u>Odd</u> Numbered Years	\$100.00



STATE OF MAINE  
 DEPARTMENT OF PROFESSIONAL  
 AND FINANCIAL REGULATION  
**Manufactured Housing Board**  
 35 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0035  
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ANGUS S. KING, JR.  
 GOVERNOR

ANNE L. HEAD  
 DIRECTOR

**APPLICATION FOR A MECHANIC LICENSE**

**NOTE:** This license only allows the applicant to install HUD Code (Mobile) homes.

**1. APPLICANT INFORMATION**

**If applicant is a non-resident of this State, a Consent to Service of Process Form must be completed.**

Applicant Name			
Mailing Address			
City	County	State	Zip Code
Business Telephone		Home Telephone	
Social Security Number		Date of Birth	

The following statement is made pursuant to the Privacy Act of 1974, §7(B), Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 M.R.S.A. §175 as authorized by the Tax Reform Act of 1975 (42 U.S.C. §405(C)(2)(C)(1)). Your Social Security Number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your Social Security Number and it shall be treated as confidential tax information pursuant to 36 M.R.A.A, §191.

**2. TRAINING AND EDUCATION.**

Name of School & Address	Dates Attended		Diploma/Certificate/Degree
	From	To	
High School	From	To	
Correspondence School	From	To	
Technical School	From	To	
College	From	To	
Military	From	To	

3. **EMPLOYMENT RECORD.** Please list below work experience of one year related to servicing and/or installing manufactured housing. Begin with your present position and work back. Describe in detail the type of work you have performed in each position, including any special duties you have undertaken and any unusual responsibilities you have assumed. ↗

Name(s) & Addresses of Employer(s)		
Name of Employer – Present or Last Position	Address	Telephone Number
Type of Business/Organization	Exact Title of Your Position	Dates Employed
Duties and Responsibilities		
Name of Employer – Next Previous Position	Address	Telephone Number
Type of Business/Organization	Exact Title of Your Position	Dates Employed
Duties and Responsibilities		
Name of Employer – Next Previous Position	Address	Telephone Number
Type of Business/Organization	Exact Title of Your Position	Dates Employed
Duties and Responsibilities		

4. **REFERENCES.** Each applicant must submit to the Board not fewer than three (3) character references who are not related to the applicant and who can attest to the reputation, character honesty, ethics, and technical competency of the applicant. The telephone number, address, and occupation of the references shall be indicated. At least one reference shall be a licensee of the Board, indicating their license number. ↗

**Reference #1:**

I, the undersigned, not related to \_\_\_\_\_, and who have known The applicant for a period of at least one (1) year, certify that the applicant bears a good reputation for honesty, truthfulness, fair dealing, and has the necessary competency, knowledge, and experience; and recommend a Manufactured Housing Mechanic license be granted to the applicant.

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Occupation/License Number

\_\_\_\_\_  
Printed Address of Reference

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**Reference #2:**

I, the undersigned, not related to \_\_\_\_\_, and who have known The applicant for a period of at least one (1) year, certify that the applicant bears a good reputation for honesty, truthfulness, fair dealing, and has the necessary competency, knowledge, and experience; and recommend a Manufactured Housing Mechanic license be granted to the applicant.

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Occupation/License Number

\_\_\_\_\_  
Printed Address of Reference

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

**Reference #3:**

I, the undersigned, not related to \_\_\_\_\_, and who have known The applicant for a period of at least one (1) year, certify that the applicant bears a good reputation for honesty, truthfulness, fair dealing, and has the necessary competency, knowledge, and experience; and recommend a Manufactured Housing Mechanic license be granted to the applicant.

\_\_\_\_\_  
Printed Name of Reference

\_\_\_\_\_  
Occupation/License Number

\_\_\_\_\_  
Printed Address of Reference

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date

5. **AGE.** The applicant must be eighteen (18) years of age.  Yes  No

6. **APPLICANT’S CRIMINAL HISTORY.** Please answer the following questions. ↗

a. Are you currently under indictment or information for a crime?  Yes  No

b. Have you ever been convicted of a crime?  Yes  No

If yes, provide the date(s) of the conviction(s).

c. Are you a fugitive from justice?  Yes  No

d. Are you an illegal alien?  Yes  No

7. **FEES.** All fees are non-refundable. Please refer to the application guide for the appropriate licensure fee.

By my signature, I affirm that all information provided in connection with this application is true to the best of my knowledge and belief, with the understanding that any omissions, inaccuracies, or failure to make full disclosure may be deemed sufficient reason to suspend or recommend revocation of a license issued by the Department. I further authorize all law enforcement agencies and officials thereto to release to the Department any and all criminal history record information pertaining to myself.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



STATE OF MAINE  
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04333-0035  
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HEARING IMPAIRED (207) 624-8563

ANGUS S. KING, JR.  
GOVERNOR

ANNE L. HEAD  
DIRECTOR

**Instructions to Consent to Service of Process Form**

1. The name of the issuer is to be inserted in the blank space on line 1.
2. The type of person executing the form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the form.
3. The name of the jurisdiction under which the issuer was formed or is to be formed is to be inserted in the blank space on line 3 of the form.
4. The person whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces at the end of the form.
5. A manually signed form must be filed with the State of Maine Manufactured Housing Board, 35 State House Station, Augusta, ME 04333-0035, and must be accompanied by the exact filing fee, if any.
6. The issuer must sign the form. If the issuer is a corporation, it should be signed in the name of the corporation by a executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.
7. If the form is mailed, it is advisable to send it by registered or certified mail, postage prepaid, and return receipt requested

OFFICE PHONE: (207)624-8612



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OFFICES LOCATED AT: 122 NORTHERN AVENUE,  
GARDINER, MAINE

FAX: (207)624-8637



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 DIRECTOR

**CONSENT TO SERVICE OF PROCESS**

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned \_\_\_\_\_,  
 (a corporation), (a partnership), or a ( \_\_\_\_\_ ) organized under  
 the laws of \_\_\_\_\_, or (an individual), [strike out inapplicable nomenclature] for  
 purposes of complying with the laws of the State of Maine indicated hereunder relating to the  
 sales of manufactured housing, hereby irrevocably appoints the Executive Director of the State  
 of Maine Manufactured Housing Board and his successors in such offices, upon whom may be  
 served any notice, process or pleading in any action or proceeding against it may be  
 commenced in any court of competent jurisdiction and proper venue within the State of Maine  
 by service of process upon the officer so designated with the same effect as if the undersigned  
 was organized or created under the laws of the State of Maine and have been served lawfully  
 with process in that State.

It is requested that a copy of any notice, process, or pleading served hereunder be  
 mailed to:

\_\_\_\_\_

Name

\_\_\_\_\_

Address

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_\_.

By \_\_\_\_\_

(Seal)

Title \_\_\_\_\_

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ANNE L. HEAD  
DIRECTOR

TO: PROSPECTIVE APPLICANT  
FROM: OFFICE OF LICENSING & REGISTRATION  
RE: CRIMINAL RECORDS CHECK

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

### ***CRIMINAL HISTORY RECORDS CHECK PROCEDURE***

Attached is a form addressed to the Maine Department of Public Safety, Bureau of Identification. Please complete the applicant information section of the enclosed form and send it to the appropriate licensing board with your completed application and supporting documentation as may be necessary. **Do not send the request directly to the Department of Public Safety.**

Public Law Chapter 401, sec. W-1, amends Title 25 §1541, sub-§6 to allow the State Bureau of Identifications to charge a fee to government organizations for services provided. Therefore, as of October 1, 1999 all criminal background checks of individuals are subject to a fee as determined by the Commissioner of Public Safety.

You must provide a separate check in the amount of \$8.00, made payable to Maine State Treasurer, as payment for your criminal history record check in addition to the licensing fees presently required. Please note that the criminal history record will be returned to the licensing board, not the applicant.

Please contact the board clerk at the number below if you have questions or need assistance.

**(Clerk Name and Phone Number) Michelle Lovering  
(207) 624-8612**

OFFICE PHONE: (207)624-8612



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ANNE L. HEAD  
DIRECTOR

Department of Public Safety  
State Bureau of Identification  
42 State House Station  
Augusta, ME 04333-0042

Pursuant to 25 M.R.S.A. §1541, sub-§6, The State Bureau of Identifications may charge a fee for all criminal history record check for the following individual. Enclosed is the required \$8.00 fee.

### APPLICANT INFORMATION

<b>Name:</b> _____		
<b>Last</b>	<b>First</b>	<b>Middle</b>
<b>Address:</b> _____		
<b>Social Security/Federal I.D. #:</b> _____		<b>Date of Birth:</b> _____
<b>Any other names used:</b> _____		

Please return the criminal history record information or a notice of no record to the following:

### REQUESTING AGENCY INFORMATION

(Office Use Only)

<b>Date:</b> _____	<b>Contact Person:</b> Michelle Lovering
<b>Agency Name &amp; Address:</b>	Office of Licensing and Registration Manufactured Housing Board 35 State House Station Augusta, Maine 04333-0035

OFFICE PHONE: (207)624-8612



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FAX: (207)624-8637

(207)624-8653 (HEARING IMPAIRED)  
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### AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

<b>Name:</b> (applicant fees being paid for)		
<b>Mailing Address:</b> (applicant fees being paid for)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>County:</b>	<b>Telephone #:</b> (____) _____ - _____	
<b>Name of cardholder:</b> (if other than applicant)		
<b>Mailing Address:</b> (if other than applicant)		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

Visa     MasterCard \_\_\_\_\_ **Card number**

Expiration date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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