

STATE OF MAINE

MANUFACTURED HOUSING BOARD

APPLICATION FOR LICENSURE AS A MANUFACTURER



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 MANUFACTURER

Enclosed are all relevant materials for licensure as a manufacturer 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 Manufacturer
2. Application for a Manufacturer 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
6. Authorization of Credit Card Payment Form
7. NCSBCS Manufacturer Responsibilities Pamphlet (HUD)
Note: Copies of this brochure may be obtained from: National Conference of States on Building Codes and Standards, Inc., 505 Huntmar Park Drive, Suite 210, Herndon, VA 22070 Telephone: (703) 437-0100
8. Rules for Licensing Manufacturers, Dealers, and Mechanics (revised 11/26/95)
9. State of Maine Installation Standards (effective 3/1/93)
10. Rules for the Certification of Manufactured Housing (revised 8/25/97)
11. Title 10, Chapter 951, Manufactured Housing Act
12. Title 10, Chapter 213, Manufactured Housing Warranties
13. Regulations for Consumer Complaint Handling on Federal Certified Manufactured Housing (revised 1/20/97)

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 Dealer, the following documentation must be submitted ↗

1. A completed Application for a Manufacturer license;
2. A completed Consent to Service of Process Form if the applicant is a foreign corporation;

3. A letter of good standing from the Secretary of State Corporation Division if the applicant is a corporation. To obtain a letter of good standing, you may contact the Secretary of State Corporation Division by telephone at (207) 287-3676; **and** if the applicant is an out of state corporation, documentation of registration with the Maine Secretary of State Corporation Division;
4. A building system for evaluation in accordance with the requirements of Subpart D of the Rules for the State Certification of Manufactured Housing if the applicant is a manufacturer of modular housing;
5. Payment of the appropriate license fee (see below); and
6. If the applicant is an individual, payment of a separate \$8.00 fee for a criminal records (SBI) check. Please make your check payable to: Maine State Treasurer.

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 ↗

For Original Dealer License:

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

For Each Branch Location:

After <u>February</u> of the <u>Even</u> Numbered Years	\$100.00
After <u>February</u> of the <u>Odd</u> Numbered Years	\$ 50.00



STATE OF MAINE
 DEPARTMENT OF PROFESSIONAL
 AND FINANCIAL REGULATION
Manufactured Housing Board
 35 STATE HOUSE STATION
 AUGUSTA, MAINE
 04333-0035
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 HEARING IMPAIRED (207) 624-8563

ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 DIRECTOR

APPLICATION FOR A MANUFACTURER LICENSE

1. LICENSE TYPE. PLEASE CHECK ONE OF THE FOLLOWING ↗

- Mobile (HUD) Modular (State Certified) Both

2. APPLICANT STATUS. PLEASE CHECK ONE OF THE FOLLOWING ↗

- Individual Partnership Corporation Other _____

3. APPLICANT INFORMATION ↗

Business Name		Business Mailing Address	
City	County	State	Zip Code
Mailing Address for Corporate Office			Business Telephone
Social Security Number <u>or</u> Federal ID Number			

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.

4. List Name(s) of Owner(s), Partners or Corporate Officers. Give residence address. Attach additional sheet(s) if necessary. ↗

Name(s) & Addresses of Owner(s), Partners, or Corporate Officers		
Name	Date of Birth	Telephone Number
Address		
Name	Date of Birth	Telephone Number
Address		
Name	Date of Birth	Telephone Number
Address		

5. **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

6. **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 _____

Printed Name and Title _____



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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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 DEPARTMENT OF PROFESSIONAL
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ANGUS S. KING, JR.
 GOVERNOR

ANNE L. HEAD
 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 _____

OFFICE PHONE: (207)624-8612



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Manufactured Housing Board
35 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0035
(207) 624-8563 (HEARING IMPAIRED)

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

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

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

REQUESTING AGENCY INFORMATION

(Office Use Only)

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

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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.

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

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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