STATE OF MAINE
DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
COMPANY APPLICATION

APPLICANT INFORMATION (please print)			
FULL LEGAL NAME			
FEIN OR SSN			
PHYSICAL ADDRESS			
CITY	STATE	ZIP	COUNTY
MAILING ADDRESS			
CITY	STATE	ZIP	COUNTY
PHONE # ( )	FAX # ( )	E-MAIL	

By my signature, I hereby certify that the information provided on this application is true and accurate to the best of my knowledge and belief. By submitting this application, I affirm that the Office of Professional and Occupational Regulation will rely upon this information for issuance of my license and that this information is truthful and factual. I also understand that sanctions may be imposed including denial, fines, suspension or revocation of my license if this information is found to be false.

SIGNATURE **DATE**

NAME OF PARENT COMPANY (IF APPLICABLE)	MAINE SALES TAX NUMBER
ANY OTHER NAME USED	DATE OF BIRTH

Maine Manufactured Housing Board

LICENSE TYPE (check *one* box):

☐	MANUFACTURER *(MF1421)*	FEE: $100.00
☐	DEALER *(DL1421)*	FEE: $100.00
☐	DEVELOPER DEALER *(DD1421)*	FEE: $100.00
☐	INSTALLER *(INS1421)*	FEE: $100.00
☐	DEALER BRANCH *(DLB1421)*	FEE: $100.00

Office Use Only:

DLB1421 - $100.00
other 1421 - $100

2619 - $21.00

ENTITY TYPE (check *one* box):

☐	CORPORATION
☐	LIMITIED LIABILITY COMPANY
☐	PARTNERSHIP
☐	SOLE PROPRIETORSHIP **NOTE: IF SOLE PROPRIETORSHIP, YOU MUST INCLUDE AN ADDITIONAL $21.00 BACKGROUND CHECK FEE.**

Office Use Only:

Check #_____
Amount:_____
Cash #_____
Lic. #_____
Issue Date_____
Exp. Date_____

PAYMENT OPTIONS:

Make checks payable to "Maine State Treasurer" - If you wish to pay by Mastercard or Visa, fill out the following:

NAME OF CARDHOLDER (please print) *FIRST* *MIDDLE INITIAL* *LAST*

I authorize the Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my ☐ VISA ☐ MASTERCARD the following amount: $_____

☐ **I understand that fees are non-refundable**

Card number: *XXXX-XXXX-XXXX-XXXX* Expiration Date *mm / yyyy*

SIGNATURE **DATE**

APPLICATION GUIDELINE

Enclosed are all relevant materials for a developer dealer license in the State of Maine. If you have any questions, you may contact the Maine Manufactured Housing Board office at (207) 624-8612 or (207) 624-8618.

LICENSING REQUIREMENTS

To apply for a developer dealer license, the following documentation must be submitted

1. A completed application;

2. A State of Maine Sales Tax Number. To obtain a sales tax number, you may contact Maine Revenue Services by telephone at (207) 624-9693;

3. If the applicant is a corporation or a limited liability company, a certificate of existence from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;

4. For corporations not organized under Maine law, a certificate of authority from the Maine Secretary of State. For assistance please contact them at (207) 624-7752;

5. If the applicant is an out-of-state entity, a duly-executed power of attorney appointing the Executive Director as its agent for service of process in this State;

6. Proof of products/completed operations liability insurance for a limit of not less than $300,000.00 per occurrence, bodily injury and property damage or combined single limit, and proof of workers' compensation insurance (unless waived in a manner approved by the Workers' Compensation Board) and applicable to products sold, or work performed in Maine. Insurance policies must remain in effect while a license is active. The liability policy must include mandatory notice of cancellation to the Manufactured Housing Board. Sole proprietors, owners of a partnership and owners or members of a limited liability company need not provide proof of workers' compensation insurance on themselves;

7. Evidence of Completion of Qualifying (Initial) Education Training Program or a certificate of completion of a board-approved training program;

8. Payment of the appropriate license fee; and

9. If the applicant is a sole proprietor, payment of the criminal background check fee.

QUALIFYING (INITIAL) EDUCATION TRAINING PROGRAM

The Manufactured Housing Board is required to provide initial training in the servicing and installation of manufactured housing to all licensees and applicants for licensure beginning July 1, 2000, pursuant to Title 10, Chapter 951 §9021(1-A). Therefore, in order to obtain a license, it is **mandatory** to complete initial training or a certificate of completion of a board-approved training program prior to a license being issued. Here is the link to our training page: http://www.maine.gov/pfr/professionallicensing/professions/manufactured_housing/exam.html

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FEE SCHEDULE

All fees are non-refundable and must accompany your license application. Checks should be made payable to: Treasurer State of Maine. Fees will be charged for the following:

- Original Developer Dealer License $100
- Criminal Background Check $ 21

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APPLICATION FOR A DEVELOPER DEALER LICENSE

1. **For entities other than sole proprietors the following additional information is required:**

   - Partnership(s) – name and contact address of each partner.
   - Corporation(s) – name, contact address and title of each corporate officer and director; name and contact address of each shareholder owning 10% or more of the voting stock of the corporation, including over-the-counter stock, unless the stock is traded on a major stock exchange and not over-the-counter.
   - Limited Liability Company – name and contact address for each member and manager described in 31 MRSA §655 (1)(A).

Name(s) & Addresses of Partners, Corporate Officers, Shareholders or Members and Managers		
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held
Name		
Address		
Date of Birth	Telephone Number	Title Held

Name of partner, corporate officer, member or manager who will be representing the applicant in matters before the board:

Name

2. **Site Location(s) – The locations(s) of the real estate owned by the applicant where homes will be sited. During the course of the license term, the developer dealer shall notify the board in writing of any additional locations that will be used for siting State-certified modular homes;**

Site Location
Site Location
Site Location

3. **Manufacturers or dealers – The names and addresses of the manufacturer or dealer from whom homes will be purchased;**

Name of Licensee	Address	License Number
Name of Licensee	Address	License Number
Name of Licensee	Address	License Number

4. **Each applicant shall submit to the Board the names of three (3) individuals, including their telephone numbers and occupations, who can attest to the reputation, character, and technical competence of the applicant. At least one of the references shall be a li censee of the board, whose license number shall be stated;**

	Names and Addresses of References	
Name of Reference Address		Occupation and License Number
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number
Name of Reference Address		Occupation and License Number (if applicable)
		Telephone Number

5. The following questions must be answered by the owner, if the owner is a sole proprie tor; the partner representing the applicant, if the applicant is a partnership; the corporate officer representing the applicant, if the applicant is a corporation or the member or manager representing the applicant, if the applicant is a limited liability company.

a. Have you within the last three (3) years ever been convicted of mishandling any funds or other property entrusted to you by a third party? □ Yes □ No

If yes, please give date, the circumstances surrounding the conviction and the sentence imposed.

b. Have you ever filed bankruptcy pursuant to Chapter 7, 11, or 13 of the Federal Bankruptcy Code? □ Yes □ No

If yes, state the number of times you have filed for bankruptcy and the date of the last bankruptcy you filed.

c. Have you ever been an officer of a corporation or a partner in a partnership that filed for bankruptcy pursuant to Chapter 7 or 11 the Federal Bankruptcy Code? □ Yes □ No

If yes, state the name of the partnership(s) or corporation(s) and the date(s) of the bank ruptcy filings.

6. <u>AGE</u>. Is the sole proprietor at least eighteen (18) years of age. □ Yes □ No

7. <u>SOLE PROPRIETOR'S CRIMINAL HISTORY</u>. Please answer the following questions.

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

b. Have you ever been convicted of a crime? □ Yes □ No
If yes, provide the date(s) and details of the conviction(s).

c. Are you a fugitive from justice? □ Yes □ No

d. Are you an illegal alien? □ Yes □ No

8. <u>PLEASE LIST ANY PROFESSIONAL LICENSES HELD.</u>

_____

_____

Has there been any disciplinary action taken against those licenses? □ Yes □ No

9. <u>FEES</u>. All fees are non-refundable. Please refer to the application guide for the appropriate license 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 _____

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Instructions for Completion of Consent to Service of Process Form

For Out-of-State or Out-of-Country Entities Only

1. The name of the applicant 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 inap plicable 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 pur suant 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 Hous ing Board, 35 State House Station, Augusta, ME 04333-0035.

6. The applicant must sign the form. If the applicant is a corporation, it should be signed in the name of the corporation by a designated officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general part ner; and if an unincorporated association or other organization which is not a part nership, the form should be signed in the name of such organization by a person responsible for the direction or management of its affairs.

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CONSENT TO SERVICE OF PROCESS FOR OUT-OF-STATE OR OUT-OF-COUNTRY ENTITIES

The undersigned applicant licensee _____, (sole proprietor), (a corporation), (a partnership), or a (_____)[strike out inapplicable nomenclature] organized under the laws of _____, for purposes of complying with the laws of the State of Maine indicated hereunder relating to the manufacturing, sales, servicing and/or installation of manufactured housing, hereby irrevocably appoints the Executive Director of the State of Maine Manufactured Housing Board and the Director's successors in such offices, upon whom may be served any notice, process or pleading in any action or proceeding against the applicant licensee may be commenced in any court of competent jurisdiction and proper venue within the State of Maine by service of process upon the individual so designated with the same effect as if the undersigned was organized or created under the laws of the State of Maine and has 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 _____, 20_____.

By _____

Title _____

MANUFACTURED HOUSING BOARD
STATE OF MAINE
DEPARTMENT OF PROFESSIONAL & FINANCIAL REGULATION -
OFFICE OF PROFESSIONAL AND OCCUPATIONAL REGULATION
Mailing Address: 35 State House Station, Augusta, Maine 04333 **Courier/Delivery address**: 76 Northern Avenue, Gardiner, Maine 04345
Phone: (207) 624-8612 Fax: (207) 624-8637 TTY users call Maine Relay 711 Web: www.maine.gov/professionallicensing

Frequently Asked Questions:

- **Where do I send my application?** Our mailing address is 35 State House Station, Augusta, Maine 04333-0035
- **Where are you located?** 76 Northern Avenue, Gardiner, Maine.
- **What hours are you open?** 8:00 AM to 5:00 PM weekdays
- **Can I come to Gardiner to drop off my application?** Yes. You will not leave with a license, though.
- **Can I come to Gardiner to pick up my license?** No. Your license will be mailed to you.
- **How long does it take to process an application?** You can check our website: www.maine.gov/professionallicensing. Your license will show up as PENDING at first; as soon as your status is ACTIVE you are authorized to practice.
- **How far back do I go answering the criminal question?** Any conviction, ever.

NOTICES

BACKGROUND 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 Professional and Occupational Regulation requires a criminal history records check as part of the application process for all applicants.

PUBLIC RECORD: This application is a public record for purposes of the Maine Freedom of Access Law (1 MRSA §401 et seq). Public records must be made available to any person upon request. This application for licensure is a public record and information supplied as part of the application (other than social security number and credit card information) is public information. Other licensing records to which this information may later be transferred will also be considered public records. Names, license numbers and mailing addresses listed on or submitted as part of this application will be available to the public and may be posted on our website.

SOCIAL SECURITY NUMBER: The following statement is made pursuant to the Privacy Act of 1974. Disclosure of your Social Security Number is mandatory. Solicitation of your Social Security Number is solely for tax administration purposes, pursuant to 36 MRS §175 as authorized by the Tax Reform Act of 1975 (42 USC §405(c)(2)(C)(i)). 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 MRS §191.

Before you seal the envelope, did you:

- Complete every item on the application (incomplete applications may be returned)
- Answer the criminal background disclosure questions
- Sign and date your application
- Include correct amount (payable to Maine State Treasurer) *or* credit card information (plus signature)
- Include required Insurance (with Manufactured Housing Board as the Certificate Holder) and Workers' Compensation Information
- Make a copy of your application to keep for your records