

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489
 (877) 313-3023, (512) 475-2200 FAX (512) 475-3506
 Internet Address: www.tdhca.state.tx.us/mh/index.htm

APPLICATION FOR LICENSE RENEWAL (OTHER THAN SALESPERSONS)

Renew your license in one of 3 ways:

- **NEW! Renew online using a credit card or electronic check.** For eligibility requirements and other information, visit us on the web at www.tdhca.state.tx.us/mh/industry-info.htm. Please help us improve by completing the survey afterward.
- Complete this application and mail it with the renewal fee and proof that you completed the continuing education to: TDHCA/MHD, P.O. Box 12489, Austin, Texas 78711-2489
- Deliver in person this completed application with the fee to 1801 Congress Ave., Suite 11.400, Austin, Texas 78701

BLOCK 1: Applicant Information *(Please type or print clearly.)*

License Number: _____ Current Business Name: _____
 Expiration Date: _____ Current Mailing Address: _____
 Email: _____ City/State/ZIP: _____

Has there been a business name change that you have not yet reported to TDHCA? [] Yes [] No
If yes, you must submit acceptable evidence that your bond covers the changes.

Has there been any change in location that you have not yet reported to TDHCA? [] Yes [] No
If yes, you must submit acceptable evidence that your bond covers the changes.

Has there been any change in corporate officers that you have not yet reported to TDHCA? [] Yes [] No
If yes, please list name(s) and date(s) of birth on the back of this page.

A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you, a corporate officer, [] Yes [] No
 or a partner, ever acquired a criminal record, which may consist of conviction, deferred
 adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other
 than a Class C Misdemeanor for traffic violations, within the last 24 months preceding this
 application?
**If yes, please visit our website or contact our office to obtain a *Criminal Record Affidavit*,
 which you must complete and submit with this application. If a criminal record is identified within the
 last 24 months and the applicant checked "no" the license may be denied.**

Have you completed the requirements for continuing education? [] Yes [] No
If yes, please attach the class certificate.

Are you in arrears on any taxes owed the State of Texas? [] Yes [] No
**If you answered YES, provide proof that you are in good standing or that you have made
 payment arrangements. If not in good standing, please call Tax Assistance at (512) 463-4600
 or 1-800-252-5555.**

Are you in arrears on a guaranteed student loan? [] Yes [] No
**If you answered YES, provide proof that you are in good standing or that you have made
 payment arrangements. If not in good standing please call the Guaranteed Student Loan
 Corporation at (512) 835-1900.**

Are you in arrears of any child support required by the Family Code? [] Yes [] No
If yes, please call the Office of Attorney General's Child Support Division at (800) 252-8014.

Attach a list of all related persons to this application as required by TEX. OCC. CODE §1201.103 of the Standards Act.

BLOCK 2: License Type and Fees

Please check one:	<input type="checkbox"/> Retailer (R) \$550	<input type="checkbox"/> Retailer/Broker (RB) \$900	<input type="checkbox"/> Manufacturer (M) \$850
	<input type="checkbox"/> Broker (B) \$350	<input type="checkbox"/> Retailer/Installer (RI) \$900	
	<input type="checkbox"/> Installer (I) \$350	<input type="checkbox"/> Retailer/Broker/Installer (RBI) \$1250	

BLOCK 3: Certification

With knowledge of the penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.

_____	_____	_____	_____
Printed Name and Title	Phone Number	Signature of Owner or Corporate Officer	Date

Department Use Only: <input type="checkbox"/> License Renewal Fee Received	Date Received:
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