

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](http://www.tdhca.state.tx.us/mh/index.htm)

**SALESPERSON'S APPLICATION FOR LICENSE RENEWAL**

Renew your license in one of 3 ways:

- 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](http://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 to: TDHCA/MHD, P.O. Box 12489, Austin, Texas 78711-2489
- Deliver in person this completed application with the fee to 1106 Clayton Lane, Suite 270W, Austin, Texas 78723

Type	Renewal Fee	1 to 90 days late (1 ½ times the renewal)	90 to 364 days late (2 times the renewal fee)
Salesperson	\$200	\$300	\$400

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

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Social Security # (Required): \_\_\_\_\_

**A CRIMINAL BACKGROUND CHECK WILL BE RUN.** Have you, a corporate officer, 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? [ ] Yes [ ] No

**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.**

**BLOCK 2: Employer Information**

Name of Sponsoring Retailer or Broker: \_\_\_\_\_  
Sponsoring Retailer's or Broker's Address: \_\_\_\_\_  
City/State/ZIP: \_\_\_\_\_  
Sponsoring Retailer's or Broker's License#: \_\_\_\_\_

**BLOCK 3: Certification**

License is subject to revocation, if the Department is **NOT** notified in writing of any changes in the information given on this application or if there is a violation of the law. Evidence that the continuing education requirements of TEX. OCC. CODE §1201.113 have been completed must be received by the Department before the license can be renewed.

With knowledge of 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.

\_\_\_\_\_  
*(Signature of Applicant)*

\_\_\_\_\_  
*(Date)*

\_\_\_\_\_  
*(Signature of Sponsoring Retailer or Broker)*

\_\_\_\_\_  
*(Date)*

**Department Use Only:**     License Renewal Fee Received

Date Received: