

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 (FOR A RETAILER, BROKER, AND/OR INSTALLER) <i>(Please type or print clearly.)</i>					
Check one: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other					
1. Legal Business Name:					
2. Have you ever been licensed by TDHCA? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, provide license number:					
3. Physical Location Address:			City, State, ZIP and County		
4. Phone:		Fax:			
5. Mailing Address:			City, State, ZIP and County		
6. Email Address:			Website Address:		
7. Date of business registration or date incorporated:					
8. Provide list of all other business or trade names, or other business organizations that are subject to regulation by the Department, in which you are a principal or have ownership interest in.					
Business or Trade Name(s)		Physical Address, City, State, and ZIP			
9. Provide complete information on ALL owners, principals, partners and/or corporate officers (additional may be listed on a separate sheet). The social security number is required.					
Legal Name	Title	Mailing Address, City, State & ZIP	Phone	Date of Birth	SSN (required)
10. Provide complete list of all related persons (other than the principals listed above), who directly participate in management or policy decisions for this applicant. The social security number is required. Related Persons must meet all education requirements prior to the license being issued.					
Legal Name	Mailing Address, City, State & ZIP		Phone	Date of Birth	SSN (required)
11. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have any owners, principals, partners, corporate officers, or related persons 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 five years preceding this application?			<input type="checkbox"/> NO <input type="checkbox"/> YES If YES, complete the required Criminal Record Affidavit ensuring that you provide accurate and thorough details sufficient to persuade the Department that your criminal record does not pose a threat to the consumer or the industry. If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.		

12. Indicate which type of license you are applying for:			
<input type="checkbox"/> R= Retailer <input type="checkbox"/> RB= Retailer/Broker <input type="checkbox"/> RI=Retailer/Installer <input type="checkbox"/> RBI=Retailer/Broker/Installer <input type="checkbox"/> B= Broker <input type="checkbox"/> I= Installer			
13. As applicable, indicate what function(s) you will be performing:		<input type="checkbox"/> Transporting <input type="checkbox"/> Installation	
14. Are you in arrears on any taxes owed to the State of Texas?		<input type="checkbox"/> NO <input type="checkbox"/> YES If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.	
15. Are you in arrears on a guaranteed student loan?		<input type="checkbox"/> NO <input type="checkbox"/> YES If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.	
16. Are you in arrears of any child support required by the Family Code?		<input type="checkbox"/> NO <input type="checkbox"/> YES If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.	
17. Provide physical address, city, state and ZIP, where records will be kept (this can be the principal location or an alternate in-state location):			
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.			
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.			
_____		_____	
<i>(Signature of Applicant or President, if incorporated)</i>		<i>(Signature of Secretary, if incorporated)</i>	
_____		_____	
<i>(Date)</i>		<i>(Date)</i>	
Department Use Only			
Education: (Courses held in Austin, Texas)		Fees:	Additional Requirements:
<input type="checkbox"/> 8 hour Core Education Course <input type="checkbox"/> 4 hour Retailer Education Course <input type="checkbox"/> 4 hour Installer Education Course		<input type="checkbox"/> Education Fee <input type="checkbox"/> \$550.00 Retailer Licensing Fee <input type="checkbox"/> \$350.00 Broker Licensing Fee <input type="checkbox"/> \$350.00 Installer Licensing Fee <input type="checkbox"/> \$900.00 Retailer/Broker Licensing Fee <input type="checkbox"/> \$900.00 Ret./Installer Licensing Fee <input type="checkbox"/> \$1250.00 Ret./Brok./Inst. Licensing Fee	<input type="checkbox"/> \$50,000 BOND/CD