

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 MANUFACTURER'S LICENSE

(Please type or print clearly.)

Check one: Corporation Partnership Sole Proprietorship Other

1. Legal Business Name: _____

2. Have you ever been licensed by TDHCA? YES 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 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

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

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?

NO 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. 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.	
13. 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.	
14. 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. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.	
15. Plant Certification Date:		
16. Production Inspection Primary Inspection Agency Label Prefix:		
17. Design Approval Primary Inspection Agency:		
18. Provide physical address, city, state and ZIP, where records will be kept (this can be the principal location or an alternate in-state location):		
19. Will you have a manufacturing plant or service facility in Texas? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If NO, to assure the availability of prompt and satisfactory warranty service, a manufacturer which does not have a licensed manufacturing plant or other facility in Texas from which warranty service and repairs can be provided and made, shall be bonded or post other security in an additional amount of \$100,000.		
Or, to be exempt from the additional security, you must have a bona fide service facility in Texas, pursuant to §80.40(d) of the Administrative Rules and §1201.106 of the Standards Act.		
Name of Facility: Address: City/State/ZIP: Phone:		
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>(Date)</i>	_____ <i>(Signature of Secretary, if incorporated)</i>
Department Use Only		
Education: <input type="checkbox"/> 8 hours of Core Education in Austin, Texas	Fees: <input type="checkbox"/> \$850.00 Manufacturer Licensing Fee	Additional Requirements: <input type="checkbox"/> \$100,000 BOND/CD <input type="checkbox"/> \$100,000 ADDITIONAL BOND/CD