



**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
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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):

ENTITY 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

	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 _____

Office Use Only:

DLB1421 - \$100.00
 other 1421 - \$100
 2619 - \$21.00

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: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 County: _____ Telephone: _____

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Professional and Occupational Regulation to charge my Visa MasterCard _____ - _____ - _____ - _____

Expiration date: ____ / ____ / ____ in the amount of \$ _____ I understand that fees are non-refundable

Signature: _____ Date: ____ / ____ / ____

APPLICATION GUIDELINE

Enclosed are all relevant materials for a manufacturer 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 manufacturer 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 the Maine Revenue Service 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. Proof of products/completed operations liability insurance for a limit of not less than \$1,000,000.00 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;
6. Evidence of Completion of Qualifying (Initial) Education Training Program;
7. The type of manufactured housing the applicant intends to manufacture;
8. For a manufacturer of State-certified modular homes, the manufacturer's authorized third-party inspection agency's compliance assurance documents in accordance with the requirements of Subchapter 3, Section 12; a detailed production quality control program, as described in Subchapter 3, Section 13(6)(C); and detailed on-site installation instructions, as described in Subchapter 3 Section 13(6)(D) of the board's Rules for the State Certification of Manufactured Housing;
9. The manufacturer's installation manuals. Subsequent changes in the installation manual(s) shall be submitted with the manufacturer's applications for license renewal on an ongoing basis; and
10. Payment of the appropriate license 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.

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 Manufacturer License \$100
- Criminal Background Check \$21



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APPLICATION FOR A MANUFACTURER LICENSE

1. LICENSE TYPE. PLEASE CHECK THE TYPE OF HOUSING TO BE MANUFACTURED

HUD State Certified Modular Both

2. For entities other than sole proprietors the following additional 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 & Directors, 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

3. **PROFESSIONAL LICENSES.** Please list any professional licenses held.

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

4. **FEES.** All fees are non-refundable. Please refer to the application guide for the appropriate licensure 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 _____

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?** Due to the Covid-19 pandemic, and until further notice, the Gardiner Annex that houses the Office of Professional and Occupational Regulation and other agencies is closed to the public. OPOR staff members work remotely from 8 am to 5 pm to review and process license applications. We advise you to mail paper applications to 35 State House Station, Augusta, ME 04333.
- **Can I come to Gardiner to drop off my application?** No, the Gardiner Annex is closed to the public until further notice due to the Covid-19 pandemic. Please mail your paper application to our mailing address—35 State House Station, Augusta, ME 04333.
- **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