



Title and Registration Bureau

# Manufactured Home Dealer License Application

MVD Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov)

A manufactured home dealer is authorized to sell any new manufactured home that is covered under a franchise agreement, or any used manufactured home, and to negotiate the purchase, sale, or exchange of a manufactured home.

**Application fee: \$50**

### Section A: Business Information

Business Name: \_\_\_\_\_ Dealer License # \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

Business Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone Number (must be listed with directory assistance): \_\_\_\_\_

Fax Number: \_\_\_\_\_ Toll-Free Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Alternate E-Mail: \_\_\_\_\_

Federal Tax or Corporate ID Number: \_\_\_\_\_

### Section B: Ownership Information

State the full legal name, home address, date of birth, social security number, and driver license number or tribal identification number of each person who has an ownership interest in the dealership. If the licensee is a corporation, the same information for the corporate officers must be provided, indicating capacity. Corporate officers may have day-to-day responsibility for running the corporation. If there are additional owners or corporate officers a copy of this page must be used. Please type or print.

| 1.  | Full Legal Name<br>(as shown on your government-issued ID) | Residential & Mailing Address<br>(street/city/state/zip) | Date of Birth | Social Security No. | Driver License or Tribal ID No.<br><b>(submit a copy)</b> | Corporate Capacity |
|---|--|--|---------------|---------------------|---|--------------------|
|   |  |  |               |                     |   |                    |
| <b>Felony Background:</b> Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?<br>Yes _____ No _____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____ |  |  |               |                     |   |                    |
| 2.  | Full Legal Name<br>(as shown on your government-issued ID) | Residential & Mailing Address<br>(street/city/state/zip) | Date of Birth | Social Security No. | Driver License or Tribal ID No.<br><b>(submit a copy)</b> | Corporate Capacity |
|   |  |  |               |                     |   |                    |
| <b>Felony Background:</b> Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?<br>Yes _____ No _____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____ |  |  |               |                     |   |                    |
| 3.  | Full Legal Name<br>(as shown on your government-issued ID) | Residential & Mailing Address<br>(street/city/state/zip) | Date of Birth | Social Security No. | Driver License or Tribal ID No.<br><b>(submit a copy)</b> | Corporate Capacity |
|   |  |  |               |                     |   |                    |
| <b>Felony Background:</b> Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?<br>Yes _____ No _____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____ |  |  |               |                     |   |                    |

**Section C: Person Designated to Manage the Business**

If a person other than the owners or corporate officers listed above is designated to manage the business, complete this section. Please type or print.

| Full Legal Name<br>(as shown on your<br>government-issued ID) | Residential & Mailing Address<br>(street/city/state/zip) | Date of Birth | Social Security No. | Driver License or Tribal<br>ID No.<br><b>(submit a copy)</b> |
|---|--|---------------|---------------------|--|
|   |  |               |                     |  |

**Felony Background:** Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: \_\_\_\_\_

**Section D: Certification**

I \_\_\_\_\_ hereby certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that on this date \_\_\_\_\_:

- I am the person named on this form
- The statements made and information contained on this form are true and correct to the best of my knowledge, information and belief
- If signing for a business entity or trust, I have full authority to do so
- I authorize the insurance company to release all general liability insurance policy information to the state of Montana, Title and Registration Bureau
- My name, as it appears above, is intended for the purposes of this document to be my genuine signature and acknowledgement of this form.

Check box for digital submission

- Or sign below if scanning, faxing, or mailing form.

Signature of owner/corporate officer **(If corporate officer, give title)** *(This is my legal signature)*

Date