



USED MOTOR VEHICLE AND PARTS COMMISSION

421 NW 13th Street, Suite 330, Oklahoma City, OK 73103

Phone: (405)521-3600 Fax: (405)521-3604

Email: UMVPC.mhforms@umvpc.ok.gov

www.usedcarcommission.ok.gov

MANUFACTURED HOME INSTALLER'S LICENSE INSTRUCTION SHEET

Applications for license are presented to the Commission Board for consideration the second Tuesday of each month. The below requirements must be submitted eleven days prior to that meeting. **Applications that are incomplete will be returned and will delay the application process.** All licenses expire December 31st of each odd numbered year (i.e. 2019, 2021 etc.). The license will be issued only after all of the requirements have been met. Submitting an application does **NOT** authorize you to conduct any business as a manufactured home installer.

1. INITIAL APPLICATION

- The initial application must be completed in full, signed and notarized.
- The name of the business cannot duplicate the name of an existing licensed business. Contact our office for approval of the business name **before** submitting the application.

2. \$400 APPLICATION FEE

- Fee must be in the form of check, money order or cashier's check and is nonrefundable unless the Commission denies the application. **We do not accept cash or credit cards.**

3. OSBI Report

- **All applicants are required to submit a current report from Oklahoma State Bureau of Investigations (OSBI report).** The report must include all three searches: Name Based, Sex Offender and Violent Offender. You may contact OSBI at (405)848-6724 or visit their website at <https://www.ok.gov/osbi/>.
- **Felony Applicants: Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.**

4. PERSONAL HISTORY QUESTIONNAIRE must be completed for all applicants listed in Section Three of the Application.

5. OKLAHOMA DRIVER'S LICENSE must be submitted for all applicants listed in Section Three of the Application.

6. \$25,000 SINGLE LIABILITY INSURANCE WITH PRODUCTS AND COMPLETED OPERATIONS

- The Certificate of Insurance must be completed by your agent on the enclosed form, and must reflect the ownership, business name and physical address as it appears on the initial application.
- Coverage, in accordance with the financial responsibility laws of the State of Oklahoma, shall be kept in force at all times with no lapse in coverage during the period of licensure. **A lapse in coverage will result in automatic revocation of the license.**

7. CURRENT CERTIFICATE OF INCORPORATION OR LLC, OR A CURRENT CERTIFICATE OF GOOD STANDING

- If the business is a Corporation, LLC, LP, or LLP you must submit a copy of the Certificate of Incorporation or LLC, OR a current Certificate of Good Standing issued by the state the business is registered in.

8. PROOF OF USABLE PHONE

- The business phone must be listed with local directory assistance in the business name as it appears on the initial application.

9. SUBMIT SAMPLE COPIES OF WORK INVOICE AND INSTALLATION LABEL FOR COMMISSION APPROVAL

10. SUBMIT THE FOLLOWING REQUIREMENTS FOR MANUFACTURED HOME INSTALLER'S IDENTIFICATION CARD

- Initial Manufactured Home Installer's Identification Card Application completed in full, signed by the applicant and employer.
- Copy of current driver's license.
- Current OSBI report including all three searches' (Violent Offender, Name based and Sex Offender).
- Proof of attendance of a qualified Education Program.



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INITIAL APPLICATION FOR MANUFACTURED HOME INSTALLER'S LICENSE

SECTION ONE: DEALERSHIP INFORMATION

YOU MUST CALL OUR OFFICE FOR APPROVAL OF YOUR BUSINESS NAME

BUSINESS NAME		PHONE		
ENTITY NAME (IF ANY)		EMAIL		
PHYSICAL ADDRESS	CITY	STATE	ZIP CODE	COUNTY
MAILING ADDRESS	CITY	STATE	ZIP CODE	

SECTION TWO: TYPE OF OWNERSHIP

CHECK ONLY ONE

- Sole Proprietor Partnership Corporation Limited Liability Company Limited Partnership Limited Liability Partnership

SECTION THREE: OWNERSHIP INFORMATION

COMPLETE THE FOLLOWING SECTION INDICATING ALL PARTIES WITH ANY OWNERSHIP INTEREST IN THE BUSINESS

FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
FULL NAME	PHONE NUMBER	OWNERSHIP %
If corporately owned, list Oklahoma Service agent:	NAME	ADDRESS

SECTION FOUR: BACKGROUND INFORMATION

Have any of the applicants listed in Section Four ever been convicted of or pled guilty or "no contest" to a felony? Yes No

SECTION FIVE: ATTESTATION

I hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief; that the members of this organization are familiar with the provisions of the law under which this application is made; and that I, as proprietor, partner, member or designated officer of the corporation, have authority to make the statements contained herein. I further understand that this application has no legal effect in the use of the benefits of a manufactured home installer until such time as a manufactured home installer's license is approved and issued to the applicant by the Used Motor Vehicle and Parts Commission. **Failure to provide information or material misrepresentation is grounds for denial or subsequent revocation of license or \$1,000.00 fine.**

Date	Signature	Title
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State of _____)
 County of _____) ss. Subscribed and sworn to before me this _____ day of _____, _____.

My Commission Expires: _____ Commission # _____ Notary Public



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APPLICATION FOR MANUFACTURED HOME INSTALLER'S IDENTIFICATION CARD

REQUIREMENTS

- Application completed in full, signed by the applicant and employing dealer.
- Proof of attendance of a Qualified Education Program.
- OSBI report including all three searches' (Violent Offender, Name Based, and Sex Offender). You may contact OSBI at (405)848-6724.
- Copy of current Oklahoma driver's license.

FULL NAME		CONTACT PHONE	
DATE OF BIRTH	SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
HOME ADDRESS		CITY	STATE ZIP

GENERAL INFORMATION

1. Are you a U.S. Citizen? If no, please attach a copy of your resident alien card.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you presently licensed or have you ever been licensed by this Commission in any capacity? If yes, in what capacity, specify the business name and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been licensed as a manufactured home installer in any other state? If yes, have you ever been denied or had a license suspended or revoked in any state? If yes, please specify state, date and circumstance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
1. Have you ever been convicted of or pled guilty or "no contest" to a felony? All applicants must submit a current OSBI report including all three searches' (Violent Offender, Name Based, and Sex Offender) with their application. Felony applicants must submit copies of the Judgement and Sentencing documents for all convictions and are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled. You may contact OSBI at (405)848-6724.	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT CERTIFICATION

I certify under penalty of perjury that the answers and information contained herein are true and correct. I hereby authorize the Used Motor Vehicle and Parts Commission to make any background investigation necessary prior to the issuance of my manufactured home installer's identification card. Failure to provide information or material misrepresentation is grounds for \$1,000 fine and denial or subsequent revocation of the manufactured home installer's identification card.

DATE	APPLICANT SIGNATURE:
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EMPLOYER'S ENDORSEMENT

The foregoing answers by the above applicant have been read by me and are believed to be true to the best of my knowledge and belief. The applicant is recommended as trustworthy and a person who will abide by the provisions of the laws and the rules and regulations governing the instillation of manufactured homes. I certify that the above named person is an employee of the business and not an independent contractor and will not be operating his own business under my license. I understand that this activity could result in the revocation of my license.

DATE	EMPLOYER SIGNATURE	TITLE
LICENSE NUMBER MHI-	BUSINESS NAME	BUSINESS ADDRESS

State of _____)
) ss. _____
 County of _____)

Subscribed and sworn to before me this _____ day of _____, _____.

 Notary Public

My Commission Expires: _____ Commission # _____

PERSONAL HISTORY QUESTIONNAIRE

BUSINESS NAME				
NAME			CONTACT PHONE	
DATE OF BIRTH		SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NUMBER
HOME ADDRESS		CITY	STATE	ZIP

GENERAL INFORMATION

1. Are you a U.S. Citizen? If no, attach a copy of your USCIS Immigration documents verifying the qualified alien status.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been known by or used any other name(s)? If yes, what names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you presently licensed or have you ever been licensed by this Commission in any capacity? If yes, in what capacity, specify the business name and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been licensed as a dealer or salesperson in any other state? If yes, have you ever been denied or had a license suspended or revoked in any state? If yes, please specify state, date and circumstance.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you ever been convicted of or pled guilty or "no contest" to a felony? Felony Applicants: Felony Applicants must submit copies of the Judgment and Sentencing documents for all convictions. Felony applicants are required to make a personal appearance before the Board of Commissioners. All documentation must be in our office BEFORE your appearance will be scheduled.	<input type="checkbox"/> Yes <input type="checkbox"/> No

CERTIFICATION

I certify under penalty of perjury that the answers and information contained herein are true and correct. I hereby authorize the Used Motor Vehicle and Parts Commission to make any background investigation necessary prior to the issuance of my license. **Failure to provide information or material misrepresentation is grounds for denial or subsequent revocation of the license or \$1000 fine.**

Date	Signature	Title
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State of _____)
)
 County of _____)

Subscribed and sworn to before me this _____ day of _____, _____.

ss. _____

Notary Public

My Commission Expires: _____

Commission # _____

John W. Maile
Executive Director



State of Oklahoma
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CERTIFICATE OF INSURANCE

I, _____, HEREBY CERTIFY THAT _____
(Name of Insurance Company)

at _____
(Address of Insurance Company)

HAS ISSUED A MINIMUM OF \$25,000 GENERAL LIABILITY WITH PRODUCTS AND COMPLETED OPERATIONS INSURANCE COVERAGE ON ALL **MANUFACTURED HOMES INSTALLED** TO THE FOLLOWING MANUFACTURED HOME INSTALLER:

OWNERSHIP _____

DbA DEALERSHIP NAME _____

LOT ADDRESS _____

POLICY NUMBER _____

EFFECTIVE DATE _____ EXPIRATION DATE _____

AND IF I HAVE NOT PROVIDED AN EXPIRATION DATE I DO CERTIFY THAT COVERAGE AS ABOVEMENTIONED SHALL BE **CONTINUOUS** UNTIL NOTIFICATION. FURTHER, THE AFOREMENTIONED POLICY WILL NOT BE CANCELED UNTIL THIRTY (30) DAYS AFTER THE USED MOTOR VEHICLE AND PARTS COMMISSION HAS RECEIVED WRITTEN NOTICE OF THE INTENT TO CANCEL SUCH POLICY.

DATE: _____ SIGNED _____

AGENCY NAME: _____ AGENT'S NUMBER: _____

ADDRESS OF AGENCY: _____ PHONE: () _____

MHI