

OKLAHOMA USED MOTOR VEHICLE, DISMANTLER, AND MANUFACTURED HOUSING COMMISSION

421 NW 13th Street, Suite 330, Oklahoma City, OK 73103 Phone: (405)521-3600 Fax: (405)521-3604

Email: mh@oumvdmhc.ok.gov

RESTRICTED MANUFACTURED HOME PARK SALESPERSON'S CERTIFICATE OF **REGISTRATIONREGISTRATION REQUIREMENTS**

- Salesperson's Application completed in full, signed by the applicant and employing dealer.
- Application Fee of \$50.00 paid by the employing dealer.
- OSBI report including all three searches' (Violent Offender, Name Based, and Sex Offender). You may contact OSBI at (405)848-6724.

| Copy of current Or | Rianoma driver's license. | | | | | | | | |
|---|--|---|--|--------------------------------|-------------------------------------|------------|----------|-------|---------|
| FULL NAME CONTACT P | | | | | | IE | | | |
| DATE OF BIRTH | | SOCIAL SECURITY NUMBER | | DRIVER'S LICENSE NUMBER | | | | | |
| HOME ADDRESS | | | CITY | | STATE ZIP | | | | |
| GENERAL INFOR | RMATION | | | | | | | | |
| 1. Are you a U.S. Citizen? If no, attach a copy of your USCIS Immigration documents verifying the qualified alien status. | | | | | | | Yes | | No |
| Are you presently registered or have you ever been registered by this Commission in any capacity? If yes, in what capacity, specify the business name and dates. | | | | | | | Yes | | No |
| 3. Have you ever had a salesperson registration denied , revoked or suspended in this or any other state? If yes , specify the state, date and circumstance on an attached sheet. | | | | | | | Yes | | No |
| 4. Have you ever been licensed as a manufactured home dealer in any other state? | | | | | | | Yes | | No |
| 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. | | | | | | | Yes | | No |
| appearance will acting as a sale APPLICANT CER I certify under penalty Dismantler and Manufi home salesperson's ce | - | Information conta o make any backg | ew and approval by ined herein are true a round investigation ne | nd correct. I ecessary prior | hereby authorize to the issuance of | he Used M | ufacture | ed pa | rk |
| DATE APPLICANT SIGNAT | | | | IRE: | | | | | |
| EMPLOYEDIC EN | DODGEMENT | | | | | | | | |
| is recommended as tru of manufactured home | s by the above applicant have bustworthy and a person who will es. I certify that the above namense. I understand that this active | ll abide by the proved person will not be | visions of the laws and be using their own fina | d the rules ar ancial means | nd regulations gove | erning the | buying | and s | selling |
| DATE | EMPLOYER SIGNATURE | | | TITLE | | | | | |
| LICENSE NUMBER MHP- | BUSINESS NAME | | | BUSINESS AI | DDRESS | | | | |
| State of |)) ss. | Subscribed a | and sworn to before m | ne this | day of | | | | |
| County of |) | | | | N1 . 1 | D. L. | | | |
| My Commission Expires: Commission # | | | | | Public | | | | |