

Manufactured Structures Dealer and Limited Manufactured Structures Dealer License Correction Application

Oregon Department of Consumer & Business Services Division of Finance & Corporate Securities

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
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<http://dfcs.oregon.gov>



Mail application with payment to:

DCBS Fiscal Services
 P.O. Box 14610
 Salem, OR 97309-0445

DEPARTMENT USE ONLY	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Date:
Signature:	

A licensed manufactured structures dealer may use this form to:

- Change the street and/or mailing address if the dealer has moved the principal place of business, the additional place of business (supplemental license), or the recreational-vehicle service facility.
- Change the assumed business name or DBA.

A licensed limited manufactured structures dealer may use this form to:

- Change the mailing address of the business.
- Change the assumed business name or DBA.

A dealer may not use this form to change the name of the sole proprietorship, partnership, corporation, or LLC that holds the license. A change of ownership requires a new application.

Please complete all steps before submitting your application.

STEP 1: APPLICANT INFORMATION		
Type of license (check one): <input type="checkbox"/> Manufactured structures dealer <input type="checkbox"/> Limited manufactured structures dealer		
License number:		
Legal name of applicant (sole proprietorship, partnership, corporation, or LLC):		
STEP 2: CORRECTIONS REQUESTED		
For licensed manufactured structures dealers only		
<i>To correct the business' street address, complete this section.</i>		
New street address:		
City:	State:	ZIP:
Phone: ()	Fax: ()	E-mail:
<i>To correct the business' street address for the additional place of business (supplemental license), complete this section.</i>		
New street address:		
City:	State:	ZIP:
Phone: ()	Fax: ()	E-mail:

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The fee to correct a license is \$30.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone: _____
Credit card number _____	Expiration date _____
Name of cardholder as shown on credit card _____	\$ _____
Cardholder signature _____	Amount _____

Make check or money order payable to Department of Consumer & Business Services. If paying by credit card, applicant must sign credit card information box. Do **not** send cash.

Fiscal use only: 61242/1001



440-2964 (11/06/COM)

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<i>To correct the street address for the recreational-vehicle service facility, complete this section.</i>		
New street address:		County:
City:	State:	ZIP:
Phone: ()	Fax: ()	E-mail:
For licensed manufactured structures dealers or limited manufactured structures dealers		
<i>To correct the business' mailing address, complete this section.</i>		
New mailing address:		
City:	State:	ZIP:
<i>To correct the business' name (DBA/ABN), complete this section.</i>		
New DBA/ABN:		
Oregon registry no.:		
STEP 3: AUTHORIZED SIGNATURE		
I authorize the Division of Finance and Corporate Securities to make corrections to the dealer license.		
Signature:		Date:
Print name:		Title: