

## Manufactured Home Dealer Renewal Instructions

MVD Use Only

Vehicle Services Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116

dojdealerinfo@mt.gov

Enclosed is an Annual Manufactured Home Dealer License Renewal Application.

We advise that you keep this information letter for your files, as it outlines the regulations and procedures governing the business.

Laws and regulations for a Montana Manufactured Home dealer can be found at the following website; http://leg.mt.gov/bills/mca/61/12/61-12-901.htm

The dealer application and surety bond must be received in our office by your renewal schedule in order to maintain the dealer license status and continue to sell new manufactured homes in the State of Montana. Failure to comply may result in suspension of license.

To provide adequate processing time, refer to the renewal schedule.

Check off items below to ensure submission of a completed report. Do not submit the instruction page with the application (when mailing or faxing). It is for your records.

Complete and sign the enclosed renewal application. All sections must be completed and all

• If there are any changes in name, ownership or location from the previous year, a new application (MV25MD) must be submitted. Any change in location also requires a new inspection (MV105MD), proof of compliance with local land use planning and zoning and a rider to the surety bond. Forms can be found on the state website at: <a href="https://doimt.gov/driving/dealers-forms/">https://doimt.gov/driving/dealers-forms/</a>.

owners must sign the form. If signing for a corporation, only one signature is required.

☐ Submit your continuous dealer surety bond or the continuation certificate in the amount of \$50,000.00. The bond must indicate the license type as manufactured home dealer.

Renewal applications and bonds/continuation certificates may be emailed to <a href="mailto:dojdealerinfo@mt.gov">dojdealerinfo@mt.gov</a> or faxed to (406) 444-0116.

Any renewal forms that are not completed properly will be returned which may cause a delay in receiving your license.



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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 assis-	tance):
Federal Tax or Corporate ID Number:	
*License Liaison:	Fax Number:
Phone Number: E	mail:
Alternate Email:  *Indicate the person to act as the manufacturer/distributor/importer's point of contact in	matters involving the license application or other licensing concerns.
	ership Information
State the full legal name of <u>each person</u> who has an owners the same information for the corporate officers must be pro to-day responsibility for running the corporation. If there ar must be used. If information from a previous year has chan Application is required. Please type or print.	hip interest in the dealership. If the licensee is a corporation, vided, indicating capacity. Corporate officers may have daye additional owners or corporate officers a copy of this page ged, form MV25MD, Manufactured Home Dealer License
Full Legal Name (as shown on your government-issued ID)	Capacity
Felony Background: Has the individual listed above been found guilty of, YesNoIf yes, provide a summary of the conduct result court proceedings relating to conduct and name and address of court. Conduct and name and address of court.	ing in the felony determination or plea, including dates of conduct and any
Full Legal Name (as shown on your government-issued ID)	Capacity
Felony Background: Has the individual listed above been found guilty of, Yes No If yes, provide a summary of the conduct result court proceedings relating to conduct and name and address of court. Conduct and name and address of court.	ing in the felony determination or plea, including dates of conduct and any
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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. If information from a previous year has changed, form MV25MD, Manufactured Home Dealer License Application is required. Please print.	
Full Legal Name (as shown on your	
government-issued ID)	
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	
Ihereby 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	
<ul> <li>The statements made and information contained on this form are true and correct to the best of my knowledge, information and belief</li> </ul>	
<ul> <li>If signing for a business entity or trust, I have full authority to do so</li> </ul>	
<ul> <li>I authorize the insurance company to release all general liability insurance policy information to the state of Montana, Title and Registration Bureau</li> </ul>	
<ul> <li>My name, as it appears above, is intended for the purposes of this document to be my genuine signature and acknowledgment of this form.</li> </ul>	
<ul> <li>Applicant agrees to comply with the provisions of the Mont. Code Ann., and rules and regulations promulgated thereunder</li> </ul>	
applicable to motor vehicle dealers, distributors and manufacturers in effect on the date of this Application.	
Electronically sign here to submit via email  Electronic signature of owner/corporate officer  Electronic signature of owner/corporate officer	
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	