



MISSISSIPPI
Insurance Department
Office of the State Fire Marshal
Factory-Built Home Division
Post Office Box 79
Jackson, Mississippi 39205
(601) 359-1061 Phone
(601) 359-1076 Fax

MAN-2
 July 1, 2010

APPLICATION
FOR LICENSE FOR
DEVELOPER
OF FACTORY-BUILT HOMES

DEFINITION: "Developer means any person who buys factory-built homes and real estate and then offers to sell or lease to the general public land-home "package deals" consisting of a home with real estate." Section 75-49-3(i)

Company Name:	Doing Business As:
Physical Address:	
Mailing Address (If different from physical):	
Phone Number:	County:
Owner's Name:	
Federal Tax Identification Number or Social Security Number:	

Application for Developers license for the period beginning July 1, 2010 and ending June 30, 2011 pursuant to the provisions of the "Uniform Standards Code for Factory-Built Homes Law", as contained in Chapter 49, Section 75, Mississippi Laws of 1972, as amended. In making this application, certification is hereby made that all factory-built manufactured homes, manufactured and/or sold under the authority of any license issued pursuant to this application will fully conform to standards and requirements set forth in the aforementioned Act; any rules and regulations which are promulgated there under, and all requirements of the National Manufactured Home Construction and Safety Standards Act of 1974, 42 U.S.C.S. 5401, et seq. and as amended by the Manufactured Housing Improvement Act of 2000. This application is hereby made in good faith and the terms and obligations of the controlling laws of the State of Mississippi are accepted accordingly; further, this application also serves to designate the Insurance Commissioner of the State of Mississippi as true and lawful agent for acceptance of legal process on behalf of the applicant within the State of Mississippi. It is understood and agreed that said license, if issued, may be revoked by competent authority as provided by law.

Name of Applicant: _____ **Title:** _____

Signature of Applicant: _____ **Date:** _____

STATE OF _____ **COUNTY OF** _____

Sworn to and subscribed before me this the _____ day of _____, A.D., 20 ____.

 Notary Public

State of Mississippi



Department of Insurance

OFFICE OF THE FIRE MARSHAL

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Company's Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ FAX: _____

I do hereby consent to release any confidential information by the Business References listed in my application for a Privilege License so that it may be helpful in retaining said Privilege License from the Mississippi State Fire Marshal's Office to manufacture, sell or install factory-built homes in the State of Mississippi.

Signature: _____ Date: _____

(Sign and return to the State Fire Marshal's Office)

BUSINESS REFERENCE CHECKLIST

Name of Applicant: _____

Name of Reference: _____

1. How long have you known the applicant/company? _____ years/months
2. What capacity have you been affiliated with the applicant? _____ friend/relative/business
3. What do you think of the applicant's company? _____ distinguished community involvement/professional/excellent marketplace conduct
4. Would you recommend this company for a Privilege License? YES [] NO []

Explain: _____

Reference checked by (FOR STATE FIRE MARSHAL STAFF ONLY, IF BY PHONE):

Name: _____ Date: _____

DEVELOPER

INSTRUCTIONS

The license provided for herein is required for all Developers of factory-built homes doing business within the State of Mississippi.

The Developer shall have a license for a permanent sales/business office within the State of Mississippi. The License herein applied for will be issued annually on July 1st and shall expire the following June 30.

"License fees shall not be prorated for the remainder of the year in which the application was made but shall be paid for the entire year regardless of the date of the application." Section 75-49-9(10), MS Code, 1972, Annotated

Applications shall be verified by oath in the presence of a Notary Public.

License application fees for Developer's license is \$150.00.

Checks or money orders are to be made payable to the State Fire Marshal's Office.

Return application and payment to:

Mississippi State Fire Marshal
P. O. Box 79
Jackson, MS 39205-0079.

DEVELOPERS

1. Are you able to conduct business in compliance with Section 3282, Subpart F (Retailers and Distributor Responsibilities) of the National Mobile Home Construction and Safety Standards Act of 1974 and Section 74-49-19, MS Code, 1972, Annotated?
 Yes No
2. Do you have facilities for the repair and servicing of factory-built manufactured homes and the storage of parts and accessories for same?

Yes No (** NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)

3. Do you have adequate space to display your factory-built manufactured home, both new and used, at each development site and has or maintains a permanent sales/business office within the State of Mississippi which has running water and sewer facilities to be in compliance with the county health department standards in that jurisdiction?

Yes No

4. Are you aware that State Statutes require that no developer shall deliver or cause to be delivered any factory-built manufactured home to any person at any site where such home is to be used for human habitation without anchoring and blocking such home in accordance with rules and regulations promulgated by the Commissioner?

Yes No

5. Are you able to comply with the Rules and Regulations promulgated by the Commissioner?

Yes No

6. Do you have a copy of the "Rules and Regulations for the Uniform Standards Code for the Factory-Built Homes Law" issued by the Commissioner of Insurance?

Yes No

7. Do you install or transport retail units sold to the public?

Yes No (NOTE: If these services are contracted out, a duplicate copy of the executed contract shall be provided to the Commissioner and said copy shall contain a clause stating that the Commissioner shall be notified thirty days in advance of the contract's cancellation.)

8. Do you own or lease transport equipment?

Yes No

9. Do you and/or your company comply with State law in that you, ". . . bear a good reputation for honesty, trustworthiness, integrity and competency to transact the business in such a manner as to safeguard the interest of the public...", Section 75-49-9(7), MS Code, 1972, Annotated?

Yes No

10. Provide at least two business references not related to you.

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone Number:	Phone Number:

11. Is the identification number that you provided for tax identification purposes current and valid?

Yes No

12. Have you ever filed bankruptcy? Yes No

If yes, was it ___ business and/or ___ personal?
In what district _____?

13. Have you ever been convicted of a crime? Yes No

If yes, where and explain _____

14. Are you aware that willful violation of any of the Rules and Regulations for proper anchoring and blocking of a factory-built manufactured movable home makes you guilty of a misdemeanor and upon conviction thereof, you could be fined not more than One Thousand Dollars (\$1,000.00) or imprisoned for not more than one (1) year or both?

Yes No

15. Please indicate your insurance company's name, address, policy number and phone number.

Insurance Company:	Address:
Phone Number:	Policy Number:

16. PLEASE PROVIDE OUR OFFICE WITH PROOF OF A SURETY BOND IN THE AMOUNT OF \$10,000 PER FACILITY.

17. PLEASE PROVIDE OUR OFFICE WITH PROOF OF A GENERAL LIABILITY POLICY IN THE AMOUNT OF \$1,000,000 IN COVERAGE.

18. Please complete the following for all company or corporate officers of your company (include additional names on separate sheet):

Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

19. Please provide your previous business name and address.

Company Name:
Address:
City/State/Zip

20. Number of years in the manufactured housing industry: _____

21. Please complete the following for all office, service and installation (contract) personnel responsible for compliance with the rules and regulations and provisions of this license (include additional names on separate sheet):

Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	
Name:	Title:
Date of Birth:	
Social Security Number:	
Physical Address:	
Telephone Number:	

22. Please submit the following information on a separate sheet:
- A. The education and qualifications of all employees; and
 - B. The applicant's organizational structure.

23. **The State Fire Marshal's Office, Factory-Built Home Division, shall be notified in writing of any change in the information furnished in an application within 30 days of such change.**

I certify that all of the aforementioned information provided by me is true and accurate in all aspects. Any misrepresentation may result in the immediate suspension of any license issued to me by the Commissioner.

Authorized Representative Name (Print)

Authorized Representative's Signature