

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 FAX (512) 475-3506

Internet Address: [www.tdhca.texas.gov/mhd](http://www.tdhca.texas.gov/mhd)

**APPLICATION FOR LICENSE  
(FOR A RETAILER, BROKER, AND/OR INSTALLER)  
(Please type.)**

1. Select which type of license you are applying:		Select Business Type:				
2. Legal Business Name:		DBA:				
3. Date of business registration or incorporated:						
4. Have you ever been licensed by TDHCA?		If yes, provide license number:				
5. Physical Location Address:		City State ZIP		County		
6. Mailing Address:		City State ZIP		County		
7. Mailing Address for Warranty Service:		City State ZIP		County		
8. Where will your business records be located?		Address:	City State ZIP	County		
9. Email Address:		Warranty Service Email:				
10. Phone:		Fax:	Website Address:			
11. Provide list of all other business or trade names, or other business organizations that are subject to regulation by the Department, in which you are a principal or have ownership interest (additional businesses may be listed on a separate sheet).						
Business or Trade Name(s)		Physical Address		City State ZIP		
12. Provide complete information on ALL owners, principals, partners, corporate officers and all related persons who directly participate in management or policy decisions for this applicant (additional persons may be listed on a separate sheet). Social security numbers are required. Related Persons must meet all education requirements prior to the license being issued.						
Legal Name	Title	Date of Birth	SSN (required)	Mailing Address	City State ZIP	Phone
13. Are you in arrears on any taxes owed to the State of Texas?						
14. Are you in arrears on a guaranteed student loan?						
15. Are you in arrears of any child support required by the Family Code?						
If you answered YES to questions 13, 14, or 15, provide proof that you are in good standing or that you have made payment arrangements.						
16. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have any owners, principals, partners, corporate officers, or related persons ever acquired a criminal record, which may consist of conviction, deferred adjudication, plead guilty, or nolo contendere, for any felony or misdemeanor offense, other than a Class C Misdemeanor for traffic violations, within the five years preceding this application? If you answered YES, complete the required Criminal Record Affidavit. Failure to disclose any criminal record within the last five years may result in license denial.						
<b>Certification</b>						
License is subject to revocation, if the Department is <b>NOT</b> notified in writing of any changes in the information given on this application or if there is a violation of the law.						
With knowledge of penalties for false statements, I certify that to the best of my knowledge all information submitted on this application and on all attached documents is true and correct.						
_____ (Signature of Applicant or President, if incorporated)		_____ (Date)		_____ (Signature of Secretary, if incorporated)		_____ (Date)