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

Clear all form fields

APPLICATION FOR MANUFACTURER'S LICENSE

(Please type.)

1. Select Business Type:	Select One		
2. Legal Business Name:		**DBA:**	
3. Date of business registration or incorporated:			
4. Design Approval Primary Inspection Agency:			
5. Production Inspection Primary Inspection Agency Label Prefix		**Plant Certification Date:**	
6. Have you ever been licensed by TDHCA?	Select One	**If yes, provide license number:**	

7. Physical Location Address:	**City State ZIP**	**County**
8. Mailing Address:	**City State ZIP**	**County**
9. Mailing Address for Warranty Service:	**City State ZIP**	**County**

10. Email Address:		**Warranty Service Email:**	
11. Phone:	**Fax:**	**Website Address:**	

12. Where will your business records be located?	Select One	**Records Location Address:**	**City State ZIP**	**County**

13. Will you have a manufacturing plant or service facility in Texas? If **NO**, an additional **$100,000** bond or other security will be required to be licensed**.** If **YES**, provide the designated service facility information below. Select One

Service Facility Name:	**Service Facility Address:**	**City State ZIP**	**Phone**

14. 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**

15. 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
	Select One					
	Select One					
	Select One					
	Select One					

16. Are you in arrears on any taxes owed to the State of Texas?	Select One
17. Are you in arrears on a guaranteed student loan?	Select One
18. Are you in arrears of any child support required by the Family Code?	Select One

If you answered YES to questions 16, 17, or 18, provide proof that you are in good standing or that you have made payment arrangements.

19. 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.** Select One

Certification

License is subject to revocation, if the Department is **NOT** 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)*