

Texas Department of Housing and Community Affairs

MANUFACTURED HOUSING DIVISION

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

(877) 313-3023 Licensing

Internet Address: www.tdhca.texas.gov/mh

APPLICATION FOR SALESPERSON'S LICENSE

(Please type or print clearly.)

1. Name of Salesperson:		2. Date of Birth:	
3. Home Address: _____ City/State/Zip: _____			
4. Mailing Address (if different than Home Address): Mailing Address: _____ City/State/Zip: _____			
5. Social Security # (Required):			
6. Home Telephone:	Work Telephone:	Email:	
7. Sponsoring Retailer or Broker Name:			
Sponsoring Retailer's or Broker's License #:			
8. Business Address:			
City:		State:	Zip:
9. List employment dates, employer and address for each job or position at which you have worked for the past three years, including any periods of unemployment. All gaps in employment must be explained. <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> (Dates) (Employer) (Address/City/State/ZIP) </div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> (Dates) (Employer) (Address/City/State/ZIP) </div> <div style="display: flex; justify-content: space-between;"> (Dates) (Employer) (Address/City/State/ZIP) </div>			
10. Have you ever been licensed by TDHCA? [] NO [] YES If yes, provide license number: _____			
11. A CRIMINAL BACKGROUND CHECK WILL BE RUN. Have you 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?		<div style="margin-bottom: 10px;">[] NO [] YES</div> If YES, complete the required Criminal Record Affidavit ensuring that you provide accurate and thorough details sufficient to persuade the Department that your conviction does not pose a threat to the consumer or the industry. If a criminal record is identified within the last five years and the applicant checked "no" the license may be denied.	
12. Are you in arrears on any taxes owed to the State of Texas?		<div style="margin-bottom: 10px;">[] NO [] YES</div> If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.	
13. Are you in arrears on a guaranteed student loan?		<div style="margin-bottom: 10px;">[] NO [] YES</div> If you answered YES, provide proof that you are in good standing or that you have made payment arrangements.	

14. Are you in arrears of any child support required by the Family Code?		<input type="checkbox"/> NO <input type="checkbox"/> YES If you answered YES, provide proof that you are in good standing or that you have made payment arrangements. If not in good standing, please contact the Office of Attorney General's Child Support Division at (800) 252-8014.	
<i>Certification</i>			
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. License will be suspended if the education requirements of TEX. OCC. CODE §1201.104(c) are not successfully completed within 90 days after the date the license is issued. 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.			
_____ <i>(Signature of Applicant)</i>		_____ <i>(Date)</i>	
_____ <i>(Signature of Sponsoring Retailer or Broker)</i>		_____ <i>(Date)</i>	
<i>Payment</i>			
Attach the required license fee of \$200.00 (two hundred dollars) to this application. Payment may be made by company or business firm check, money order or cashier's check. Please make payable to: <i>Texas Department of Housing and Community Affairs</i> . Mail to the address listed at the top of this form.			
Department Use Only			
Fees	<input type="checkbox"/> \$200.00 License Fee	Date Received:	