



Manufactured Home Salesperson License Application

Department of Safety and
Professional Services
Manufactured Home Unit
P.O. Box 1355
Madison, WI 53701-1355
Phone: (608) 264-9596

Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m)].

Revenue Code: 7511

- **Each manufactured home dealer must have at least one licensed salesperson.**
- **Fill in form completely, sign, and date.**
- **Make check payable to: State of WI - DSPTS**
- **Submit completed form and license fee to the above address.**

Phone Number	Driver's License No.
Last Name / First Name / Middle Initial	
Home Address	P.O. Box
City / State / Zip Code +4	
Social Security Number	Gender
	Birthdate

License Fee : \$31 for Manufactured Home Salesperson License. Fee consists of \$16 license fee and a \$15 application fee.

Yes No

- Was similar license ever denied, suspended, or revoked in this or any other state? If yes, explain on back side of application.
- Have you (the applicant) ever been charged with a felony? If yes, provide date and brief explanation on back side of application.

APPLICANT STATEMENT

I certify that I have read and understand all the requirements pertaining to the type of license for which I am making application and that the answers and statements made are complete, correct, and true to the best of my knowledge. I further understand that a misstatement on this application or supporting documents means my salesperson/ representative license may be denied, suspended, or revoked under s. 218.01 (3) (a) Wisconsin Statutes. I authorize any agent of the department to verify this information.

X _____
Signature: Date

***** TO BE COMPLETED BY EMPLOYER *****

<p>Manufactured Home Dealer Statement</p> <p>I request that the indicated license be issued and agree to give the applicant appropriate training before permitting him/her to transact business. I understand that I am responsible for the sales or representative practices of this employee and that his/her actions may be grounds for a sanction of my business license.</p> <p>X _____ Signature of Manufactured Home Dealer</p> <p>_____ Title Date</p>	Dealer No. Expiration Date
	Dealer Name
	Street Address
	City / State / Zip Code +4
	(Area Code) Telephone Number