

# Wisconsin Department of Safety and Professional Services

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING MANUFACTURED HOME SALESPERSON LICENSE APPLICATION

**The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).**

PLEASE TYPE OR PRINT IN INK <input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14). Personal information you provide may be used for secondary purposes (Privacy Law § 15.04(1)(m)).			
<b>Last Name</b>	<b>First Name</b>	<b>MI</b>	<b>Former/Maiden Name</b>
<b>Home Address</b> (street, city, state, zip code)		<b>Date of Birth</b>	
<b>Mailing Address</b> (if different) (street, city, state, zip code)		<b>Telephone Number</b> (with area code)	
<b>P.O. Box</b> (box number, city, state, zip code +4)		<b>Driver's License Number</b>	
<b>E-mail Address</b> (if applicable)		<b>Gender</b>	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Social Security Number</b>		Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number, you must complete Form #1051. The Department may not disclose the Social Security Number collected except as authorized by law.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Was similar license ever denied, suspended, or revoked in this or any other state? <b>If yes, explain on back side of application.</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you (the applicant) ever been charged with a felony? <b>If yes, provide date and brief explanation on back side of application.</b>		

<b>APPLICANT STATEMENT</b>	
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 <a href="#">Wis. Stat. § 101.952(5)</a> . I authorize any agent of the Department to verify this information.	
_____ <b>Signature</b> (Print and Sign Form)	____/____/_____ <b>Date</b>
<b>ARE YOU A VETERAN?</b> If Yes, view the DSPS website at <a href="https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx">https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx</a> for information and eligibility requirements for veterans, service members, former service members, and their spouses. If you qualify, are you requesting a waiver of your initial credentialing fee? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide a copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: _____ You may the WDVA at 1-800-947-8387 or <a href="http://dva.wi.gov">dva.wi.gov</a> for assistance in obtaining a WDVA Voucher Code and/or documents related to your training.	
<b>LICENSE FEES:</b> \$31.00 FOR MANUFACTURED HOME SALESPERSON LICENSE (4 YEAR). (Fee consists of \$16.00 license fee and a \$15.00 application fee.) Fill form completely, sign, date, and attach check payable to State of WI – DSPS. <span style="float: right;">(Revenue Code 7511)</span>	

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

<b>Manufactured Home Dealer Statement</b> 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.  _____ <b>Signature of Manufactured Home Dealer</b> (Print and Sign Form)  _____ <b>Title</b>  Signature Date: ____/____/____	<b>Dealer No.</b> _____	<b>Expiration Date</b> (mm/dd/yyyy) ____/____/____	
	<b>Dealer Name</b> _____		
	<b>Street Address</b> _____		
	<b>City</b> _____	<b>State</b> _____	<b>Zip Code +4</b> _____
	<b>Telephone Number</b> (including area code) ____-____-____ Ext ____		