Wisconsin Department of Safety and Professional Services x 8935 4822 Madison Yards Way

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	widdison, wi 55
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Office Location:

	Madison, WI 53705
E-Mail:	dspssbmanfhomes@wisconsin.gov

Website: http://dsps.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

The Department must dary your application if your are liable for definanceri state taxes. UL contributions, or child supper (Ws. State, 340012). PLEASE TYPE OR PRINT IN INN Druc rame, and e-mult aldress from the soft 0 or more readmain builders (Ws. 1946). Last Name First Name NI For marker, and e-mult aldress from these of 10 or more readmain builders (Ws. 1946). Holders (Ws. 44014). Proceeding 44014). Proceeding 440141. Proceding 440141. Proceeding 440141. Proceeding 440141. Pro	MANUFACTURED HOME SALES	SPERSON LICENS	SE APPLICATION				
PLEASE TYPE: OR PRINT IN INK DBs., phone number, and e-mail address from fists of 10 or more credenial holder, (NS, Sui, § 440.14). Personal information yean provide may be used for secondry purposes. (Privey ize § 15.04(1)(m)). Last Name First Name MI Former/Maiden Name Home Address (street, eity, state, zip code) Date of Birth Mailing Address (if different) (street, eity, state, zip code) Feldess (if different) (street, eity, state, zip code +4) Priver's License Number (with area code) F.O. Box (box number, eity, state, zip code +4) Format/ Date of Birth Female Social Security Number Formate State, Street, Stree	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).						
Home Address (street, city, state, zip code) Date of Hirth Mailing Address (if different) (street, city, state, zip code) Telephone Number (with are code) P.O. Box (box number, city, state, zip code 14) Driver's License Number Bemail Address (if applicable) Gender P.O. Box (box number, city, state, zip code 14) Driver's License Number Social Security Number Mala Year Social Security Number must be submitted with your application on this form. If you do not here a Social Security Number coulected except as authorized by law. [Yes] No Was similar license ever denied, suspended, or revoked in this or any other state? If yes, captain on back side of application. PYee [No Have similar license ever denied, suspended, or revoked in this or any other state? If yes, captain on back side of application. APPLICANT STATEMENT If yes, captain on back side of application. APPLICANT STATEMENT If yes, captain on back side of application. Signature (Print and Sign Form) Date Signature (Print and Sign Form) Date Net Wey Noview the DSPS website at http://daps.sii.gov/Pages/Pridesion/Miling/Licensurflewoffs.asp. for information and eligibility registromes.forward and and set or post state? If yes, verify the one and state as a street of state of S16.00 license fee and a S15.00 application fee.) [Pix prints and state for perminting htthere to state of W1 - DSPS.	PLEASE TYPE OR PRINT IN INK Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14). Personal						
Mailing Address (if different) (street, city, state, zip code) Telephone Number (with area code) P.O. Box (box number, city, state, zip code +4) Driver's License Number F-mail Address (if applicable) Gender Social Security Number Mail - - Now a Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number collected except us authorized by law. Over Social Security Number collected except us authorized by an on back side of application. Pyee Now Was simular license over denicd, suspended, or revoked in this or any other state? If yee, splan on back side of application. Pyee Now Was simular license over denicd, suspended, or revoked in this or any other state? If yee, splan 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 asswers and statements made are complete, correct, and true to the best of my, knowledge. I further understand that a misstatement to a sistatement to a misstatement to and instatement to this application. 10.525(5). I authorize any agent of the Department to verify this information. Disperivosa for work of the DSPS vehite at https://dos.wi.gov/Presentative licenses may be denied, suspended, or revoked under Yis. Stat. § 10.525(5). I authorize any agent of the Department to verify this information. Disperivenshift or verify this information.							
Mailing Address (if different) (street, city, state, zip code) Telephone Number (with area code) P.O. Box (box number, city, state, zip code +4) Driver's Licease Number E-mail Address (if applicable) Gender Social Security Number Male Prover's Licease Number Nale Your Social Security Number must be submited with your application on this form. If you do not have a Social Security Number rough the form aff(5). The Department may not disclose the Social Security Number collected except as subnitized by law. Pyes _No Was similar license ever denied, usspended, or revoked in this or any other state? If yes, explain on back side of application. APPLICANT STATEENET Teerify 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. If urther understand that a misstatement on this application subscription and subscription representative licenses may be denied, suspended, or revoked under Wis. State. § 10,952(5). I authorize any agent of the Department to verify this information. Signature (Print and Sign Form) Date ARE YOU A VETERANY. If Yes, view the DSPS webste at https://dens.wie.gov/Pass/Profession/Military LicenseurgBendfits.agex, for information and eligibility requirements for veterma, strine members, and their appuse. Ury ou and its AWAS of the Signa for massion of training area to a strine of the State of WI – DSPS. City Code #							
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E-mail Address (if applicable) Cender Social Security Number Your Social Security Number must be submitted with your application on this form. If you do not have a Social Security Number routs complete Form <u>f1051</u> . The Department may not disclose the Social Security Number collected except as authorized by law. Qyes No Was similar license ever deniced, suspended, or revoked in this or any other state? If yes, explain on back side of application. APPLICANT STATEMENT Icentify that I have road 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 misstratement on this application or supporting documents means my salesperson/representative license may be denied, suspended, or revoked under Wis, Stat. § 101.952(5). I authorize any agent of the Department to verify this information. Isignature (Print and Sign Form) Date ARE YOU A VETERAN? If Yes, view the DSPS website at <u>https://dops.wii.gov/Paces/Professions/MilitaryLicensureBenefits.aspy</u> for information and eligibility requirements for veterans, service members, former service members, and their spouses. If you qualify, are you requerifies a waiver of your initial credentifies reposures. Matter of Manufactured Home Dealer Statement If you qualify, are you requerifies and particle DME SALESPRENN LICENSER (4 YEA). (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. (Revenue Code 7511) <t< td=""><td colspan="2">Mailing Address (if different) (street, city, state, zip code)</td><td>Telephone Number (with area code) - -</td></t<>	Mailing Address (if different) (street, city, state, zip code)		Telephone Number (with area code) - -				
Social Security Number Image 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. Image: I	P.O. Box (box number, city, state, zip code +4)		Driver's License Number				
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APPLICANT STATEMENT 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 Wis. Stat. § 101.952(5). I authorize any agent of the Department to verify this information. Signature (Print and Sign Form) Date ARE YOU A VETERAN? If Yes, view the DSPS website at https://dsps.wi.gov/Pages/Porfessions/MilitaryLicensureBenefits.aspx for information and eligibility requirements for veterans, service members, former service members, and their spouses. If yes, provide a copy of W I bept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #:: You may the WDVA at 1.800-947.8387 or dva.wi.gov for assistance in obtaining a WDVA Voucher Code and/or documents related to your training. LICENSE FEES: S1.00 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. *** TO BE COMPLETED BY EMPLOYER *** TO BE COMPLETED BY EMPLOYER **** To BE COMPLETED BY EMPLOYER ************************************	\Box Yes \Box No Was similar license ever denied, suspended, or revoked in	this or any other state	? If yes, explain on back side of application.				
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requirements for veterans, service members, former service members, and their spouses. If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No If Yes, provide a copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #:	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 <u>Wis. Stat. §</u> 101.952(5). I authorize any agent of the Department to verify this information.						
Fill form completely, sign, date, and attach check payable to State of WI – DSPS. (Revenue Code 7511) TO BE COMPLETED BY EMPLOYER Manufactured Home Dealer Statement Dealer No. 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. Dealer Name Signature of Manufactured Home Dealer (Print and Sign Form) Street Address Street Address Title Telephone Number (including area code) Telephone Number (including area code)	requirements for veterans, service members, former service members, and their spouses. If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No If Yes, provide a copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #:						
Manufactured Home Dealer Statement 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. Dealer No. Expiration Date (mm/dd/yyyy) Signature of Manufactured Home Dealer (Print and Sign Form) Street Address Street Address City State Zip Code +4 Title Telephone Number (including area code)	LICENSE FEES: \$31.00 FOR MANUFACTURED HOME SALESPERSON LICENSE (4 YEAR). (Fee consists of \$16.00 license fee and a \$15.00 application fee.)						
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Telephone Number (including area code)	Signature of Manufactureu Home Dealer (Print and Sign Form)	City	State Zip Code +4				
Signature Date:		Telephone Number (including area code)				

Signature Date:

Ext