



Manufactured Home Dealer Service Agreement

Department of Safety and
Professional Services
Manufactured Home Unit
P.O. Box 8935
Madison, WI 53708-8935
Phone: (608) 266-2112

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

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- **This form is required if you do not own and operate your own service department.**
- **Fill in form completely, obtain signatures, and submit to the above address.**

This agreement, made and entered on the below indicated dates by and between manufactured home dealer applicant,

_____ of _____, Wisconsin, and the below named firms operating the specified repair and servicing business at Wisconsin locations as indicated.

Witness that for and in consideration of an agreed rate and for other good and valuable consideration, the below named firms agree to service all manufactured homes offered for sale or sold at retail by the manufactured home dealer applicant named above, on warranties or otherwise, during the license period.

It is mutually understood and acknowledged that approval of the foregoing agreement by the Department of Safety and Professional Services is a condition precedent to the issuance of a license to the manufactured home dealer applicant named above.

X	Signature of Manufactured Home Dealer Applicant (Print and Sign Form)	Date
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Repair and Servicing Firm Name and Business Location		
_____	X _____ Agent's Signature (Print and Sign Form)	_____ Date
Electrical	X _____ Agent's Signature (Print and Sign Form)	_____ Date
Heating	X _____ Agent's Signature (Print and Sign Form)	_____ Date
Natural or Bottle Gas	X _____ Agent's Signature (Print and Sign Form)	_____ Date
Plumbing	X _____ Agent's Signature (Print and Sign Form)	_____ Date
Refrigeration	X _____ Agent's Signature (Print and Sign Form)	_____ Date