

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 267-0592
Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dspsbmanfhomes@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

INFORMATION FOR MANUFACTURED HOME MANUFACTURER LICENSE APPLICATION

Applying for Manufactured Home Manufacturer License

No manufacturer of manufactured homes may manufacture, sell, or distribute for sale manufactured homes unless the manufacturer holds a license issued by the department as a licensed manufactured home manufacturer (Wis. Stat. § [101.95](#), Wis. Admin. Code § [SPS 305.32](#)).

- A manufactured home manufacturer license shall be required for each manufacturing plant which manufactures homes to be sold or distributed for sale in the state.
- The person applying for a manufactured home manufacturer license shall be the owner of the manufacturing business, a partner in the manufacturing business applying on behalf of the partnership, or the chairman of the board or chief executive officer applying on behalf of the manufacturing corporation.
- A person who holds a manufactured home manufacturer license shall post the license at the plant which manufactures homes to be sold or distributed for sale in the state.
- A person who holds a manufactured home manufacturer license shall comply with the warranty and disclosure responsibilities under Wis. Stat. § [101.953](#).
- A manufactured home manufacturer license shall be renewed in accordance with Wis. Admin. Code § [SPS 305.07](#).
- Please note that dealers and distributors of manufactured or mobile homes are required to hold a Manufactured Home Dealer license issued by the Wisconsin Department of Safety and Professional Services. Please make sure all of your dealers and distributors have the appropriate license.
- Please be aware that Manufacturers must comply with the rules of the federal Department of Housing and Urban Development pertaining to the construction of manufactured or mobile homes. For further information on federal rules call HUD (202) 755-7430.

APPLICATION FOR LICENSE. A person applying for a manufactured home manufacturer license shall submit all of the following:

- **Application (Form #SBD-3211)** Complete the application, including social security number (SSN) and Federal Employer Identification Number (FEIN). Sign and date the application and make a photocopy of the completed application for your records.
- **Application and license fees** in accordance with Wis. Admin. Code § [SPS 305.02](#), Table 305.02. Application fee, \$15.00 and license, certification, registration, or enrollment fee prorated as indicated below. The \$900.00 license fee has been prorated because the license expires on a specific date: December 31st. Unless renewed, the credential will be effective no longer than 4 years. For example, a credential issued on May 1, 2021, will expire December 31, 2024.

MONTH APPLICATION IS MAILED	APPLICATION FEE	PRORATED LICENSE FEE	TOTAL DUE DSPS	MONTH APPLICATION IS MAILED	APPLICATION FEE	PRORATED LICENSE FEE	TOTAL DUE DSPS	MONTH APPLICATION IS MAILED	APPLICATION FEE	PRORATED LICENSE FEE	TOTAL DUE DSPS
January	\$15.00	\$787.50	\$802.50	May	\$15.00	\$712.50	\$727.50	September	\$15.00	\$862.50	\$877.50
February	\$15.00	\$768.75	\$783.75	June	\$15.00	\$693.75	\$708.75	October	\$15.00	\$843.75	\$858.75
March	\$15.00	\$750.00	\$765.00	July	\$15.00	\$900.00	\$915.00	November	\$15.00	\$825.00	\$840.00
April	\$15.00	\$731.25	\$746.25	August	\$15.00	\$881.25	\$896.25	December	\$15.00	\$806.25	\$821.25

FEES ARE NONREFUNDABLE.

ARE YOU A VETERAN? If Yes, view the DSPS website at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

If you qualify and are requesting a veteran fee waiver of the initial credentialing fee, provide a copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code number on Page 1.

If you are requesting equivalency of your military training and experience, complete Veteran Request Application Addendum ([Form #2996](#)) and enclose it with your application.

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
 Madison, WI 53708-8935
 FAX #: (608) 267-0592
 Phone #: (608) 266-2112

Office Location: 4822 Madison Yards Way
 Madison, WI 53705
 E-Mail: dspsbmanfhomes@wisconsin.gov
 Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

MANUFACTURED HOME MANUFACTURER 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 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)).

Business Name	<input type="checkbox"/> Social Security# or <input type="checkbox"/> FEIN# (without hyphen)
<input type="text"/>	<input type="text"/>

Business Address (street/PO Box, city, state, zip +4 code)

Country (if other than United States)	Business Telephone Number (with area code)	Business FAX Number (if available)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business E-mail Address (if available)

Contact Last Name	Contact First Name	MI	Contact Former/Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact's Social Security Number	Contact's Telephone Number
<input type="text"/>	<input type="text"/> Ext <input type="text"/>

Contact's Address (street/PO Box, city, state, zip +4 code)

Contact's E-mail Address (if available)	Country (if other than United States)
<input type="text"/>	<input type="text"/>

The individual applying for a business credential shall be the owner of the contracting business, a partner in the contracting business applying on behalf of a partnership, or the chairman of the board or chief executive officer applying on behalf of the contracting corporation.

Applicant Printed Name	Applicant Title	Applicant Signature Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Signature (Print and Sign Form) <input type="text"/>		

FEES (NONREFUNDABLE) The fee consists of a \$15.00 application fee and a credential fee of \$900.00. The \$900.00 license fee has been prorated because the license expires on a specific date: December 31st. Unless renewed, the credential will be effective no longer than 4 years. For example, a credential issued on May 1, 2021, will expire December 31, 2024. Make check payable to WI – DSPS. **Check the box indicating the month in which you mail your application AND submit the corresponding total.** (For example, if an application is mailed in February, submit \$783.75.)

FOR APPLICATIONS MAILED IN . . .	PAY TOTAL DUE DSPS	FOR APPLICATIONS MAILED IN . . .	PAY TOTAL DUE DSPS	FOR APPLICATIONS MAILED IN . . .	PAY TOTAL DUE DSPS
<input type="checkbox"/> JANUARY	\$802.50	<input type="checkbox"/> MAY	\$727.50	<input type="checkbox"/> SEPTEMBER	\$877.50
<input type="checkbox"/> FEBRUARY	\$783.75	<input type="checkbox"/> JUNE	\$708.75	<input type="checkbox"/> OCTOBER	\$858.75
<input type="checkbox"/> MARCH	\$765.00	<input type="checkbox"/> JULY	\$915.00	<input type="checkbox"/> NOVEMBER	\$840.00
<input type="checkbox"/> APRIL	\$746.25	<input type="checkbox"/> AUGUST	\$896.25	<input type="checkbox"/> DECEMBER	\$821.25

Class Code 7511

Are you a veteran? If yes, see information at <https://dsps.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx>. If you qualify and are applying a veteran fee waiver toward initial application fees, provide WI Dept. of Veterans Affairs Voucher Code Number: _____.

If you are requesting equivalency of your military training and experience, complete Veteran Request Application Addendum ([Form #2996](#)) and enclose it with your application.