



STATE OF IDAHO DIVISION OF BUILDING SAFETY
1090 East Watertower Street Suite 150
Meridian, Idaho 83642
Phone 800-955-3044
Fax 877-810-2840
dbs.idaho.gov

**APPLICATION FOR MANUFACTURED HOME SALESPERSON LICENSE
for Retailer or Re-Sale Brokers**

Your license will be issued upon receipt of this application and the \$45 fee.

Name: _____

Address: _____ City: _____

State: _____ Telephone Number: _____

Social Security Number: _____

Date of Birth (must be 18 years or older): _____

Have you had an application for license denied or had a license revoked? ___Yes___No

Have you had a conviction or withheld judgment for a felony in this state, any U.S. territory, or country? ___Yes ___No. If yes, please explain using the back side of this form.

Name of Employer - Manufactured Home Retailer or Resale Broker:

Employer Mailing Address: _____

Employer E-mail Address: _____

License Number (if available): _____

Signature of Owner/Operator: _____ Date _____

PUBLIC RECORDS NOTICE – Business information such as your company address and phone number is regarded as public information according to the Idaho Public Records Act. Your business address and phone number may be provided to a third party upon written request

*A salesperson license is only valid for as long as such salesperson is employed by the certifying retailer or resale broker and is to be displayed in the dealership office. It is the responsibility of the dealer to immediately return the license to the Division of Building Safety upon termination of the salesperson.

Signature of Applicant for Salesperson License

Date