



**STATE OF IDAHO DIVISION OF OCCUPATIONAL
& PROFESSIONAL LICENSES**

PO BOX 83720
Boise, ID 83720-0063
Ph: 208-334-3950
Website: dbs.idaho.gov
Email: customer-service@dopl.idaho.gov

**APPLICATION FOR EXAMINATION AS A MANUFACTURED HOUSING
RETAILER OR INSTALLER**

The Division of Occupational & Professional Licenses requires a passing score of at least 70% (percent) on the appropriate examination prior to issuance of an original license as a retailer or installer. The cost of the exam is \$75.00. The person taking the examination must be the person who will assume responsibility on behalf of the company and will be responsible for insuring that the company complies with all applicable statutes. Applicants must be 18 years or older.

Installer: Installs a manufactured home or mobile home on site where it is to be occupied. Retailer: Sells or exchanges new, used, resale, or brokered manufactured or mobile homes.

Additional requirements for licensure retailer:

- Retailers of new manufactured homes must provide proof of being an authorized franchise dealer for the make home they intend to sell.
- Retailers: An original bond in the amount of \$40,000.00.
- Applicants may have to provide proof that they have a principle place of business.
- Please provide a copy of Secretary of State filing if a business entity.

Additional requirements for licensure as an installer:

- Applicants are required to complete an online course before examination. For information on our course, please call 1-800-955-3044.
- Applicants may have to provide proof that they have a principle place of business.
- An original bond in the amount of \$5,000.00.
- Please provide a copy of Secretary of State filing if a business entity.

The examinations are 45 questions and open-book based on the following:

- HUD Enforcement Regulations, Construction, and Safety Standards.
- HUD Part 3280, 3282, 3283, and Part 3286.
- Idaho Manufactured Housing Statutes and Administrative Rules.
- The January 2018 Idaho Manufactured Home Installation Standard.

This application can emailed to customer-service@dopl.idaho.gov with the attached credit card authorization.

Questions? Email tradelicensing@dopl.idaho.gov



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INSTALLER LICENSE**

Category of license applying for:

Installer Retailer

License fees are annual and initial the initial fee is due after passing the exam.

License fees are as follows:

- Retailers or Resale Brokers: \$440.00
- Installers: \$220.00

Person applying for licensure (this person must take the exam and sign for the license).

Company Name _____

Social Security Number or Co EIN: _____ Date of Birth: _____

Mailing Address _____

Telephone # _____ Cell Phone _____

E-mail Address _____

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.

Have you had a conviction or withheld judgment for a felony in this state, any U.S. territory, or country? No Yes. If yes, please explain using the back side of this form.

Have you previously been licensed with DOPL? No Yes: (If yes, previous Name)

*By signing this application I intend to be this company's designated person to supervise employees, either personally or through others.

Signature of Applicant

Date



CREDIT CARD AUTHORIZATION FORM

Idaho Division of Occupational & Professional Licenses
11341 W Chinden Blvd, Bldg #4
Boise, ID 83714
Phone: 208-334-3950
Email: customer-service@dopl.idaho.gov

I _____, authorize **The State of Idaho Division of Occupational & Professional Licenses** to charge my credit/debit card account in the amount of \$ _____.

**Please note there is an additional 3% charge for the use of your card through Access Idaho.*

This payment is for:

- License Application Fee _____ ~ New Permit Fee _____
- License Renewal Fee _____ ~ Fee Due on Existing Permit _____
- New License Fee _____ ~ Other _____

Cardholder Signature

Date

Contact Phone Number

Email Address for Receipt (optional)

All Fields Below Are Required

Credit/Debit Card Number _____

Expiration Date: _____ / _____ CVC # _____

Billing Address Zip Code _____

**Your card information will not be retained for future transactions*