



STATE OF IDAHO DIVISION OF OCCUPATIONAL &
PROFESSIONAL LICENSES

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

APPLICATION FOR MANUFACTURED HOME MANUFACTURER LICENSE

Are you currently serving in the US military, a veteran or spouse of any such person?
No _____ Yes _____

License fee is \$440.00 initial and \$440.00 annual renewal fee. Please submit the completed application, the required \$20,000.00 surety bond, a copy of the Secretary of State Business filing, and the appropriate fee. The Division of Occupational & Professional Licenses may require proof of place of business and proof that this entity is a manufacturer according to HUD standards

Company Name: _____

Physical Address: _____

Mailing Address (if different than above):

Employer Identification Number: _____

E-mail: _____

Phone: _____ Fax: _____

Names of Owners or Officers of Corporation:

1) _____

2) _____

3) _____

Has any of the corporate officers or applicant 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.

Signature of Owner/Corporate Officer

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.



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:

- | | |
|--|---|
| <input type="checkbox"/> License Application Fee _____ | <input type="checkbox"/> New Permit Fee _____ |
| <input type="checkbox"/> License Renewal Fee _____ | <input type="checkbox"/> Fee Due on Existing Permit _____ |
| <input type="checkbox"/> New License Fee _____ | <input type="checkbox"/> 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*