Manufactured Structures Dealer and Limited Manufactured Structures Dealer Surety Bond Oregon Department of Consumer & Business Services Division of Finance & Corporate Securities



Surety bond no.:

350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881 Mailing address: P.O. Box 14480, Salem, OR 97309-0405 (503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100 http://dfcs.oregon.gov

Please complete the appropriate checklist on Page 2.

SURETY BOND				
Ve,, as principal,				
nd, as surety,				
corporation licensed and authorized to transact a surety business in the state of Oregon,				
hereby jointly and severally bind ourselves, our heirs, personal representatives, successors, and assigns to pay				
o the State of Oregon for the use and benefit of any interested person the sum of \$ ("total penal sum				
f the bond").				
The above-named principal has applied to the Department of Consumer and Business Services, Division of Finance and Corporate Securities ("department") for a license as a manufactured structures dealer or a limited manufactured structures ealer under ORS Chapter 446, and is required by ORS 446.726 to furnish a bond in the total penal sum of the bond.				
If the principal and its agents and employees comply with the provisions of ORS Chapter 446, this obligation shall be void. If the principal or its agents or employees conduct the manufactured structures dealership with fraud or fraudulent representation or violate any provisions of ORS Chapter 446 or the rules thereunder, and fail to pay all damages suffered by any person due to violation of the statute or rules, the surety is obligated to pay damages suffered as a result of the violations up to the total penal sum of the bond; provided, however, that the maximum amount payable under the bond for payment of claims by persons other than retail customers of the principal is \$20,000.				
The bond becomes effective on the				
This bond shall be one continuing obligation, and the liability of the surety for the aggregate of any and all claims that may arise shall not exceed the total penal sum of the bond.				
The surety and its heirs, personal representatives, successors, and assigns, and the principal and its heirs, personal representatives, successors, and assigns bind themselves jointly and severally to the State of Oregon by this agreement.				
rincipal:				
y: Title:				
ignature:Date:				
urety:				
Tame of attorney in fact or agent: Title:				
ignature:Date:				





SURETY CHECKLIST				
Please complete this checklist before sending the bond to the applicant.				
☐ Bond number entered				
☐ Applicant's name correctly entered:				
• If a sole proprietorship, applicant's personal name (no spouses) must appear.				
• If a partnership, names of all partners and partnership name must appear.				
• If a corporation, only the corporate name (no personal names or assumed business names) must appear.				
• If a limited-liability company, only the LLC name (no personal names or assumed business names) must appear.				
☐ Appropriate bond amount entered:				
• If the applicant is applying for a manufactured structures dealer license, the required bond amount is \$40,000.				
• If the applicant is applying for a limited manufactured structures dealer license, the required bond amount is \$15,000.				
☐ Bond signed by agent or attorney in fact				
☐ Effective date of the bond, which is the same as the date the bond company signs the bond, entered				
☐ Surety seal affixed				
APPLICANT CHECKLIST				
Please complete this checklist before sending the bond to the Division of Finance and Corporate Securities.				
☐ Applicant has signed the bond.				
☐ The original bond is submitted with the license application.				
If you have questions, please contact Division of Finance and Corporate Securities Licensing, (503) 378-4140.				

440-2966 (11/06/COM) 2 of 2

Manufactured Structures Dealer Supplemental License Application Oregon Department of Consumer & Business Services

Division of Finance & Corporate Securities350 Winter St. NE, Rm. 410, Salem, Oregon 97301-3881
Mailing address: P.O. Box 14480, Salem, OR 97309-0405

(503) 378-4140 • Fax: (503) 947-7862 • TTY: (503) 378-4100

http://dfcs.oregon.gov



Mail application with payment to:

DCBS Fiscal Services P.O. Box 14610 Salem, OR 97309-0445

DEPARTMENT USE ONLY				
☐ Approved ☐ Denied	Date:			
Signature:				

A person must have a valid manufactured structures dealer license to apply for a supplemental license.

Approval of this application allows the applicant to open an additional place of business under the same business name. If the licensed dealer will operate an additional place of business under a different business name, the dealer must apply for a separate dealer license for that business.

Please complete all steps before submitting your application and refer to the checklist at the end of this form.

STEP 1: APPLICANT INFORMATION					
Legal name of applicant (sole proprietorship	o, partnership, cor	poration, or LLC):			
Manufactured structures dealer license no.:					
		ACE OF BUSINESS	INFORMATION		
Street address of additional place of business:			County:		
City:		State:	ZIP:		
Phone: ()	Fax: ()	E-mail:		
STEP 3: TY	PES OF MANU	UFACTURED STRU	ICTURES SOLD		
At the additional place of business: Applicant will sell new manufactured structures:					
City:		State:	ZIP:		
Continued on next page The fee for a supplemental license is \$90. The license expires on the same date the manufactured structures dealer license expires.					
☐ Visa ☐ MasterCard ☐ Discover Ph	one:				
Credit card number	Expiration date	e			
Name of cardholder as shown on credit card Cardholder signature	\$ Amount	Consumer	Make check or money order payable to Department of Consumer and Business Services. If paying by credit card, applicant must sign credit card information box. Do <i>not</i> send cash.		
Cardholder signature	Amount	Senu Casii.			



Fiscal use only: 61242/1001

STEP 4: BOND ENDORSEMENT					
The surety bond company will complete this step.					
Place surety seal here:					
I certify that bond number will cover the business operation of the applicant in the additional place					
of business described in this application.					
Name of surety representative:	Title:				
Signature:	Date:				
STEP 5: AFFIDAV	IT OF APPLICANT				
Read the following statements, check each box, sign, and date.					
1. The applicant will act as a manufactured structures dealer and will conduct business at the location stated on this application.					
2. If the street address of the applicant's business is in a residential zone, all manufactured structures sold or displayed at that address will meet any architectural and aesthetic standards regulating the placement of manufactured structures in that residential zone.					
3. If the applicant will offer for sale new recreational vehicles greater than 8.5 feet in width, the applicant will maintain an RV service facility for those RVs at an address provided on this application.					
4. The information on this application is complete and correct.					
5. I am authorized to sign this application.					
Signature and printed name and title of sole proprietor, partner, corporate officer, or LLC member:					
Signature:	Date:				
Print name:	Title:				
STEP 6: APPLICANT CHECKLIST					
1. Application form completed					
2. Bond endorsement completed by surety bond company					
3. Affidavit signed by authorized person					
4. All signatures obtained					
5 Payment of fee enclosed					