



New York State Department of State

DIVISION OF CODE ENFORCEMENT & ADMINISTRATION

Manufactured Housing Unit
One Commerce Plaza, Suite 1160
99 Washington Ave.
Albany, NY 12231
518.474.4073 phone
518.486.4487 fax

APPLICATION FOR RETAILER CERTIFICATION

The applicant identified below hereby applies to for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

Instructions: Complete all parts of this application by checking the applicable box(es) and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$200.00 fee, to the above address.

APPLICANT'S INFORMATION		Check applicable box: Applicant is a <input type="checkbox"/> Individual <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP Specify state of formation:	
Applicant's Name:		If state of formation is not NY: Applicant <input type="checkbox"/> is or <input type="checkbox"/> is not authorized to do business in New York State.	
DBA (if any):		Telephone: ()	
Street Address:		Fax ()	
City, State, Zip:		Email:	
Mailing Address if different than above:			
Location of retail sales location, if different than above:			
EDUCATION Do you have a High School or Equivalency Diploma OR US Armed Forces educational report indicating successful completion of general education development, high school level?		If YES , Name and location of High School or Issuing Governmental Authority	
<input type="checkbox"/> Yes <input type="checkbox"/> No		Year Issued	
EXPERIENCE & TRAINING			
<input type="checkbox"/> Minimum one year full time employment in the manufactured home industry OR <input type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.			
<input type="checkbox"/> completion of three hours of NYS DOS courses including the Article 21-B introductory course			
Indicate completed training			
Course Name	Course Location (County)	Course Completion Date	

EMPLOYER Length of Employment Mo. Yr. Mo. Yr. From / / / /	Firm Name	Address	City and State
	Duties		
Type of Business			
Your Exact Title			
Name of Your Supervisor			No. of hours worked per week:
Individuals listed below have, or will apply for, Limited Certification as a Retailer and are in the employ of the applicant. Attach applications for Limited Certifications, herewith.			
Name	Article 21-B Intro. Course Completion Date	Certification No. (If applicable)	

Financial Security in the form of Surety Bond Deposit Account Control Agreement Letter of Credit in the amount of \$25,000 satisfying the requirements of 19 NYCRR Part 1210.05(a) is submitted herewith.

The undersigned applicant hereby applies to the New York State Department of State for the certification indicated above and certifies that the information herein is correct to the best of Applicant's knowledge, information and belief and this application is filed pursuant to 19 NYCRR Part 210, (Manufactured Homes).

Signature of Applicant or Authorized Representative	Title
Printed Name of Applicant or Authorized Representative	Daytime telephone ()