



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 RENEWAL OF RETAILER CERTIFICATION

**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. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

<b>APPLICANT'S INFORMATION</b>		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:		Applicant's Certification No.	
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:			
Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant (if applicable).			
Name	Certification No.	Certification Expiration Date	

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 NYRR 1210.05(a) remains in effect.

The undersigned Applicant hereby applies to the New York State Department of State for the renewal of certification as a Retailer and certifies that the information herein is correct to the best of Applicant's knowledge, information and belief and this renewal application is filed pursuant to 19 NYCRR 1210, Manufactured Homes.

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

[WWW.DOS.STATE.NY.US/CODE/MANUF.HTML](http://WWW.DOS.STATE.NY.US/CODE/MANUF.HTML)