



Manufactured Home Dealer Statement of Manufactured Distributor Franchise

Ohio Manufactured Homes Commission
5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017
Phone: (614) 734-6010 • Fax: (614) 734-6012
Website: <http://www.omhc.ohio.gov/>

Please print legibly or type the following information:

MANUFACTURER/DISTRIBUTOR NAME OF BUSINESS		E-MAIL ADDRESS	
CONTACT PERSON		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
WEBSITE	TELEPHONE	FAX	

2. The above manufacturer or distributor hereby certifies that the following distributor/dealer is duly authorized to distribute/sell the makes indicated in #3:

EXACT NAME OF DISTRIBUTOR/DEALER			E-MAIL ADDRESS
CONTACT PERSON			TELEPHONE
ADDRESS			LICENSE NUMBER
CITY	STATE	ZIP CODE	COUNTY

3. List all manufactured homes (make) the dealership is franchised to sell.

MODEL			

4. Is there another authorized manufactured home dealer selling the same make within a twenty-five mile radius of the above named dealer?

YES NO If yes, list dealer name and address:

DEALER			
ADDRESS	CITY	STATE	ZIP CODE

5. Has dealer in #4 been notified of the new franchise appointment?

YES NO If yes, give date of notification _____

Completion of this form and signatures by both parties, affirm that a franchise exists between and approved by the Manufacturer/ Distributor and Distributor/Dealer. The parties shall notify the OMHC of any change in status of such contract/agreement within 15 days after such change.

NOTE: ALTERED FORMS WILL NOT BE ACCEPTED.

6. Signature of Manufacturer's/Distributor's authorized agent listed in #1

X
SIGNATURE _____

DATE

7. Notary:

Sworn to before me and subscribed in my presence this _____ day of _____

X
NOTARY PUBLIC
(SEAL)

MY COMMISSION EXPIRES

8. Signature of Distributor's/Dealership's owner, partner, officer, member or trustee listed in #2

X
SIGNATURE _____

DATE

9. Notary:

Sworn to before me and subscribed in my presence this _____ day of _____

X
NOTARY PUBLIC
(SEAL)

MY COMMISSION EXPIRES

IMPORTANT INFORMATION

- This completed form along with other application requirements must be on file and approved by the Ohio Manufactured Homes Commission, before transactional sales may be made. Please mail original form to the Commission.
- Parties shall notify the Manufactured Homes Commission of any change in status of such contract/agreement within 15 days after such change.

RETURN FORM TO: FAX NUMBER 614-734-6012