



# Manufactured Home Salesperson's License Application

Mail application with payment to:  
(see fees below)

OMHC  
5100 Parkcenter Ave., Suite 103  
Dublin, Ohio 43017

**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/>

- NEW APPLICATION (fingerprinting required-see below) - FEE \$150.00
- TRANSFER AND/OR REINSTATEMENT - FEE \$ 25.00
- DUPLICATE - FEE \$ 25.00

\*Full time or part time salespersons **must** apply for a salesperson's license immediately upon being hired by the manufactured home dealer, and shall be **prohibited** from offering for sale, displaying for sale or selling manufactured homes until such employee is **licensed**. All Ohio residents applying for a **new** salesperson's license must be electronically fingerprinted (**BCI Only**). *The fingerprint results have to be received directly from the BCI to OMHC. Fingerprint Cards are used for out of state applicants only.* For a complete list of electronic fingerprinting locations in Ohio go to the following website: <http://www.ohioattorneygeneral.gov/Business/Services-for-Business/WebCheck/Webcheck-Community-Listing>

\*\***Out-of-State applicants** may submit a fingerprint card and exemption form in lieu of having their prints electronically scanned. Please contact the Licensing Dept. at (614) 734-6010 to obtain a fingerprint card and an exemption form.

Limited background checks being run by OMHC is for licensing purposes specifically addressed in OAC 4781-11 only.

**PLEASE TYPE OR PRINT LEGIBLY-ALL BLANKS MUST BE COMPLETED**

DATE		SOCIAL SECURITY #	
NAME LAST		FIRST	MI
ADDRESS			
CITY	STATE	ZIP CODE	PHONE #
<b>REQUIRED:</b> EMAIL ADDRESS (HOME OR BUSINESS)			DATE OF BIRTH

Are you presently an Ohio manufactured home licensed salesperson?  YES  NO  
yes, indicate: \_\_\_\_\_

SALESPERSON LICENSE # \_\_\_\_\_

**DEALER COMPLETE ALL BLANKS**

LICENSE #	TELEPHONE #	COUNTY
DEALERSHIP NAME	EMAIL ADDRESS:	
ADDRESS		
CITY	STATE	ZIP CODE

**IN THE AREA BELOW, TYPE OR PRINT LEGIBLY YOUR WORK EXPERIENCE FOR THE PAST 2 YEARS BEGINNING WITH YOUR MOST RECENT EMPLOYER.**

EMPLOYER	ADDRESS	DATE HIRED	DATE TERMINATED	REASON FOR TERMINATION

