

DEPARTMENT OF BUSINESS & INDUSTRY NEVADA  
HOUSING DIVISION  
**MANUFACTURED HOUSING**  
3300 W Sahara Ave. #320  
Las Vegas, Nevada 89102  
Phone: (702) 486-4135  
**Application for Initial Manufacturer License**

<b>Fee</b>	<b>\$2,250</b>
<b>Pg.3</b>	Authorization for Release of Confidential Information
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<b>Provide copies of</b>	Any similar licenses issued by other states. Send a copy for <u>each</u> state, if applicable.
<b>Provide copies of</b>	Certified copy of partnership agreement, articles of organization or incorporation.
<b>Provide copies of</b>	Certificate of Liability Insurance
<b>Provide copies of</b>	Financial Statement
<b>Provide copies of</b>	Local business license (County or city where the business is located)
<b>Provide copies of</b>	Prior year tax return

Required documentation continued on next page

Payment Information: Make all checks payable to Nevada Housing Division or use the credit card/eCheck payment portal under the Manufactured Housing tab. Mail items of license you are applying for to the address below.

**Working without a license is unlawful and may subject you, your business, and each individual licensee to disciplinary action.**

**PERSONAL DATA:** (Please print clearly)

Applicant's Name: \_\_\_\_\_

Title associated with the Company (owner, officer, member, etc.): \_\_\_\_\_

Home Address (Street/City/St/Zip): \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal E-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**COMPANY DATA:** (Please print clearly)

Name: \_\_\_\_\_ County: \_\_\_\_\_

DBA- As it appears on the fictitious firm name certificate: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

By signature below I authorize release of information to the Department of Business and Industry, Manufactured Housing Division. I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately. If any of the above information is found to be false, untrue, misleading or misrepresenting, I acknowledge that I may be held personally liable for it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

1. I hereby authorize and request all law enforcement agencies, business associates, bank and lending institutions, any credit bureau, past or present employer(s), tax agencies including the IRS, to whom this request is presented, and that have information relating to or concerning me, to furnish such information to a duly authorized investigator of Manufactured Housing.
2. I hereby authorize and request all persons, to whom this request is presented, having documents relating to or concerning me, to permit a duly authorized investigator of Manufactured Housing to review and copy any such documents.
3. In regards to a brokerage firm, bank, savings and loan, credit union, credit bureau, or other financial institution, or an officer of same, I hereby authorize and request that a duly authorized investigator of Manufactured Housing be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including but not limited to past loan information, notes cosigned by me, checking account records, trust account records, passbook records, credit records and general ledger folio sheets.
4. I understand that I am seeking the granting of a privileged license and acknowledge that the burden of proving my qualifications for a favorable determination is at all times on me. I accept any risk of financial loss which may result from action of Manufactured Housing with respect to this application.
5. I do, for myself, my heirs, executors, administrators, successors and assigns, hereby release, remise and forever discharge the person to whom this request is presented, and his agents and employees, known or unknown, in law or equity which I ever had, now have, may have or claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of releasing the information set forth in paragraphs 1 and 3 above.

I declare that I will faithfully comply with all the statues and regulations of the State of Nevada pertaining to the conduct of the Department of Business and Industry, Manufactured Housing Division.

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ the undersigned Notary Public,  
Name of Notary Public

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_  
Name of person whose signature is being notarized

\_\_\_\_\_  
 Signature of Notary Public



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## BACKGROUND DISCLOSURE STATEMENT

**Please read carefully:** If you misrepresent or omit any information, your application may be denied.

**CRIMINAL BACKGROUND** - The information you provide will be compared to the criminal history reports we receive from the Nevada DPS Criminal History Repository and the Federal Bureau of Investigation. Having been convicted of a crime does not automatically mean your application will be denied. When reviewing prior criminal convictions, the Division considers the seriousness of the crime, the date of the conviction, and any evidence of rehabilitation the applicant submits. If you are not certain of your criminal history, we recommend that you contact the FBI and the Nevada Department of Public Safety to confirm your criminal history before responding.

**FBI:** <https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/submitting-an-identity-history-summary-request-to-the-fbi>

**DPS:** [http://gsd.nv.gov/uploadedFiles/gsdnv.gov/content/Home/Features/DPS\\_006\\_Form112015.pdf](http://gsd.nv.gov/uploadedFiles/gsdnv.gov/content/Home/Features/DPS_006_Form112015.pdf)

If you answer "Yes" to questions 1 or 2, you **must** submit the attached Criminal History Disclosure Form for each conviction.

**YES NO**

1. Have you **ever** been **convicted** of a misdemeanor, gross misdemeanor, or felony?
2. Have you **ever** been **convicted** of fraud, forgery, embezzlement, obtaining money under false pretenses, larceny, extortion, conspiracy to defraud or any crime involving moral turpitude, or violence against another person?

**BUSINESS** – If you answer "Yes," to either of the questions below, please provide a copy of the administrative order or explanation of the license suspension, revocation or denial.

3. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional occupational license?
4. Has any license issued to you or any partnership or corporation of which you were a member or officer by any public authority been suspended, revoked, or denied?

**BANKRUPTCY** - If "Yes," please provide a copy of the Bankruptcy Discharge document.

5. Have you ever filed bankruptcy or has a bankruptcy been filed against you in the last 7 years?

**CITIZEN** – If you answer "No," to the question below, please provide proof of eligibility to work in the United States. Copies of Department of Immigration and Naturalization documents are accepted.

6. Are you a citizen of the United States of America?

Signature of Applicant: \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me, \_\_\_\_\_ the undersigned Notary Public,  
(Name of Notary Public)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_.  
(Name of person whose signature is being notarized)

\_\_\_\_\_  
(Signature of Notary Public)

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**CRIMINAL HISTORY DISCLOSURE FORM**

Please complete one form for **each** conviction, regardless of when the crime was committed. Attach all supporting documents related to the arrest, charge and conviction. Complete **all** fields of this form.

If there are no incidents or activity to report, please write "none" in each field.

Date of Arrest:	
Arresting Agency:	
City and State arrest took place:	
Disposition:	
Sentence (Incarceration and/or fines paid):	
Court Case or Docket Number (if available):	
Explanation of the incident: (if no incidents to report, please write "none")	

**Failure to report a conviction is considered falsification of the application and may result in the denial of your application.**

If "none" was written in each field, please still print and sign your name.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



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## INSTRUCTIONS FOR OBTAINING FINGERPRINTS

**This form must be submitted with your application packet.**

Pursuant to the provisions in NRS 489.321 (1)(d) and NRS 489.341 (1)(d), all applicants are required to submit a complete set of fingerprints for the purpose of conducting a criminal background check. There are two ways to submit your fingerprints.

- 1. Electronic Submittal** - To find a list of currently approved privately owned fingerprint agencies, go to the Department of Public Safety website.

This form must be signed by a representative of the fingerprint agency and submitted with your application packet.

- ORI: NV920360Z
- MISCELLANEOUS NO. MNU: 880142 \*This is a non-billable account\*  
The applicant must pay the fingerprinting agency directly.
- REASON FINGERPRINTED:
  - NRS 489.321 - If applying for a Serviceperson, Dealer or Manufacturer’s License
  - NRS 489.341 - If applying for a Salesperson or RME License

### To be completed by the Fingerprint Agency

NAME OF FINGERPRINT AGENCY: \_\_\_\_\_

FINGERPRINTS OF \_\_\_\_\_ HAVE BEEN TAKEN AND SENT TO THE NEVADA CENTRAL REPOSITORY.

DATE: \_\_\_\_\_ TCN#: \_\_\_\_\_

SIGNATURE OF FINGERPRINT REPRESENTATIVE: \_\_\_\_\_

**All applicants who do not reside in the State of Nevada or live in a rural area, you must obtain your fingerprints in the following manner:**

- 2. Manual Submittal** –Contact your local law enforcement agency to determine their fingerprinting fees and scheduling process. When submitting your application packet to Manufactured Housing, include (2) FBI fingerprint cards and a cashier’s check or money order, made payable to the Department of Public Safety (DPS), for **\$39.00**. A personal or company check will not be accepted. Do not forget to sign the fingerprint card on the appropriate line in the upper left corner.



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## CHILD SUPPORT STATEMENT

**NRS 489.342 Payment of child support: Statement by applicant for license; grounds for denial of license; duty of Division. [Effective until the date of the repeal of the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]**

1. A natural person who applies for the issuance or renewal of a manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license shall submit to the Division the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to [NRS 425.520](#). The statement must be completed and signed by the applicant.

2. The Division shall include the statement required pursuant to subsection 1 in:

- (a) The application or any other forms that must be submitted for the issuance or renewal of the license; or
- (b) A separate form prescribed by the Division.

3. A manufacturer’s, dealer’s, distributor’s, general serviceperson’s, specialty serviceperson’s, salesperson’s or responsible managing employee’s license may not be issued or renewed by the Division if the applicant is a natural person who:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Division shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

Please mark the appropriate statement. Failure to mark one of the three will result in denial of the application.

\_\_\_\_\_ I am not subject to a court order for the support of a child.

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

\_\_\_\_\_ I am subject to a court order for the support of one or more children and am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



Nevada Department of  
**Public Safety**  
 Fingerprint Background Waiver

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5 United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

1. You must be notified by \_\_\_\_\_ (*name of requesting agency*) that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. Authority: The FBI’s acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.
3. Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicate on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints in the FBI’s Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.
4. Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI’s Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to employing, governmental or authorized non-governmental agencies responsible for employment, contacting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.
5. If you have criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record as set forth at, 28 CFR 16.34 provides for the proper procedure to do so.

Applicant:

\_\_\_\_\_

*Initial* *Date*



6. If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at: <http://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
7. If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from the agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (See 28 CFR 16.30 through 16.34).
8. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
9. I hereby authorize \_\_\_\_\_ (*name of requesting agency*), to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.
10. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions, or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile, or similar process, shall for all purposes be valid as the original.

In consideration for processing my application I, the undersigned, whose name, and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: \_\_\_\_\_  
 PLEASE PRINT                      Last Name                      First Name                      Middle

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Agency Account #: \_\_\_\_\_

Agency Representative: \_\_\_\_\_  
 PLEASE PRINT                      Last Name                      First Name                      Middle

Agency Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## Veteran Status Verification

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YES NO

1. Have you ever served on active duty in the Armed Forces of the United States?
  - If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?

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2. Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States?
  - If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?

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3. Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States?
  - If you answered "Yes" to the question above, were you separated from such service under conditions other than honorable?



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## Application for a System of Construction Approval

Pursuant to Nevada Administrative Code 461, the following items must be submitted to complete the licensing process for a Manufacturer.

1.	<b><u>Mail</u></b> this application along with the fee of \$500 to the address above made payable to Nevada Housing Division.	NAC 461.100 (1) NAC 461.210 (1)
2.	<b><u>Email</u></b> an electronic copy of the manual for assurance of quality to: permits@housing.nv.gov. The QC Manual must include: <ul style="list-style-type: none"> <li>• The name of the owner or responsible employee</li> <li>• The name of the inspector who will control quality</li> <li>• The name of the supervisor of production</li> <li>• List of the procedures to be used for inspections, tests, control of quality and keeping of records.</li> </ul>	NAC 461.100 (3)
3.	<b><u>Initial Plant Inspection</u></b> to be scheduled by the Division and must accompany a fee of \$750.00. *Additional Time and Travel expenses may apply*	NAC 461.300 (1) NAC 461.210
4.	<b><u>Email</u></b> an electronic copy of the contract between the Third Party Review Agency and your manufacturing plant to: permits@housing.nv.gov.	NAC 461.115

### **THIRD PARTY REVIEW AGENCY:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: (This is where the insignias will be sent). \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### **MANUFACTURER:**

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature of the Manufacture's license applicant)