



# Manufactured Home Dealer Statement

Department of Safety and  
Professional Services  
Manufactured Home Unit  
P.O. Box 8935  
Madison, WI 53708-8935  
Phone: (608) 266-2112

Revenue Code: 7511

\*\*\*\*\* TO BE COMPLETED BY EMPLOYER \*\*\*\*\*

<b>Manufactured Home Dealer Statement</b> I request that the indicated license be issued and agree to give the applicant appropriate training before permitting him/her to transact business. I understand that I am responsible for the sales or representative practices of this employee and that his/her actions may be grounds for a sanction of my business license.  <b>X</b> _____ Signature of Manufactured Home Dealer  _____ Title  _____ Date	Dealer No. _____	Expiration Date _____
	Dealer Name _____	
	Street Address _____	
	City / State / Zip Code +4 _____	
	(Area Code) Telephone Number _____	