



Manufactured Homebuilder Registration/ Information Change

Department of Consumer and Business Services • Building Codes Division

Mailing address: P.O. Box 14470, Salem, OR 97309-0404

1535 Edgewater St. NW, Salem, OR 97304

Phone: 503-378-2207 • Email: mhods.bcd@dcbs.oregon.gov

Web: mhods.oregon.gov

Mail application with payment to:

DCBS Fiscal Services

P.O. Box 14610

Salem, OR 97309-0445

INSTRUCTIONS

This form is used to register as a manufactured homebuilder or to update information on an existing registration. Each manufactured homebuilder must be registered separately, even if it shares a business name with another business. Use the appropriate fee schedule and complete the information below.

Only manufacturers and authorized agents that are properly registered will be acknowledged by the Building Codes Division for requests, applications, checks, and other documents requiring signatures.

REGISTRATION AND FEES

☐ Initial registration (\$100)

☐ Change of information (\$20)

Business name:

Address:

City:

State:

ZIP:

Phone:

Email:

Location (if different
from mailing address):

SIGNATURES OF REGISTERED MANUFACTURER OR AUTHORIZED AGENTS

The manufacturer agrees by signing this application that all products repaired or offered or intended for sale, lease, rent, or installation in Oregon will be designed and constructed in compliance with all applicable Oregon statutes, rules, regulations, and codes, and will bear an insignia of compliance.

Name (print or type)	Signature	Title	Date
1.		Chairman or CEO	
2.		President	
3.		General manager	
4.		Engineering manager	
5.		Quality control manager	
6.		Production manager	
7.		Service manager	
8.			

DEPARTMENT USE ONLY

☐ Approved ☐ Denied

By:

Date:

Secure fax for credit card payments:

503-947-2333

If paying by credit card, applicant must sign credit card information box.

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	Phone:
	\$
Cardholder signature	Amount
Name of cardholder as shown on credit card	/
Credit card number	Expiration date

**Make check or money order payable to Department of
Consumer and Business Services. DO NOT MAIL CASH.**

PCA/OBJ: 12104/0600

FISCAL USE ONLY: