

PAPERWORK IS BORING!

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**Joel Harper**  
CEO

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Information contained herein was accurate at the time of presentation, but may change without notice.

Nothing contained in this presentation should be construed as legal advice. Consult with an attorney prior to making any business decision.

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**NEW YORK**  
STATE OF  
OPPORTUNITY.

**Division of Licensing Services**


New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22001  
Albany, NY 12201-2001  
Phone: (518) 474-4073  
www.dos.ny.gov

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**Renewal of Retailer Certification**

*Instructions:* Complete all parts of this application by checking the applicable box(es) and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$200.00 fee, to the above address. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

<b>Applicant's Information</b> Check applicable box: Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> General Partnership	
<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name:	Applicant's Certification No.
DBA (if any):	Telephone:



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**NEW YORK**  
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<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name:	Applicant's Certification No.
DBA (if any):	Telephone:



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<b>Applicant's Information</b> Check applicable box: Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> General Partnership	
<b>Sample</b>	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No. 1RETXXXXX
DBA (if any):	Telephone: 585 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com
Mailing Address if different than above:	
Location of retail sales lot this application applies to, if different than above:	
 consultwithmhc.com	
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<b>Applicant's Information</b> Check applicable box: Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> General Partnership	
<b>Sample</b>	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No. 1RETXXXXX
DBA (if any):	Telephone: 585 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com
Mailing Address if different than above:	
Location of retail sales lot this application applies to, if different than above:	
 consultwithmhc.com	
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<b>Applicant's Information</b> Check applicable box: Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> General Partnership	
<b>Sample</b>	
<input type="checkbox"/> Corporation <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No. 1RETXXXXX
DBA (if any):	Telephone: 585 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com
Mailing Address if different than above:	
Location of retail sales lot this application applies to, if different than above:	
 consultwithmhc.com	
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**Applicant's Information** Check applicable box: Applicant is a:  Individual  Trade Name  General Partnership  
 Corporation  LLC  LP  LLP

**Sample**

Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No. 1RETXXXXX
DBA (if any):	Telephone: 585 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com
Mailing Address if different than above:	
Location of retail sales lot this application applies to, if different than above:	

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Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant.


Name	Certification No.	Certification Expiration Date
Julie Harper	1RETXXXXL001	XX/XX/XXXX
Joel Harper	1RETXXXXL002	XX/XX/XXXX

If Applicant is an Individual indicate completed continuing education as required

Course Name	Course Location (County)	Course Completion Date
MFG0000105	Onandaga	10/18/2024

**Sample**

Financial Security in the form of  Surety Bond  Deposit Account Control Agreement  Letter of Credit in the amount of \$25,000 satisfying the requirements of 19 NYCRR 1210.05(a) remains in effect.

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Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant.


Name	Certification No.	Certification Expiration Date
Julie Harper	1RETXXXXL001	XXXXXXXXXX
Joel Harper	1RETXXXXL002	XXXXXXXXXX

If Applicant is an Individual indicate completed continuing education as required

Course Name	Course Location (County)	Course Completion Date
MFG0000105	Onandaga	10/18/2024

**Sample**

Financial Security in the form of  Surety Bond  Deposit Account Control Agreement  Letter of Credit in the amount of \$25,000 satisfying the requirements of 19 NYCRR 1210.05(a) remains in effect.

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Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant.


Name	Certification No.	Certification Expiration Date
Julie Harper	1RETXXXXL001	XXXXXXXXXX
Joel Harper	1RETXXXXL002	XXXXXXXXXX

If Applicant is an Individual indicate completed continuing education as required

Course Name	Course Location (County)	Course Completion Date
MFG0009105	Online	9/11/2024

Financial Security in the form of  Surety Bond   Visit Account Control Agreement  Letter of Credit in the amount of \$25,000 satisfying the requirements of NYCRR 1210.05(a) remains in effect.

**Sample**

  
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The New York Housing Association in partnership with the New York Department of State hereby issues this

*Certificate of Completion*

This is to acknowledge that  
**Joel Harper**

has successfully completed  
the Three Hour Continuing Education Course #MFG0000105  
held October 18, 2024 with Joel Harper, Trainer.

  
Joel Harper, Trainer  
  
consultwithmhc.com

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The New York Housing Association in partnership with the New York Department of State hereby issues this

*Certificate of Completion*

This is to acknowledge that  
**Joel Harper**

has successfully completed  
the Three Hour Continuing Education Course #MFG0000105  
held October 18, 2024 with Joel Harper, Trainer.

  
Joel Harper, Trainer  
  
consultwithmhc.com

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Individuals listed below have certification as a Limited Retailer and are in the employ of the applicant.		
Name	Certification No.	Certification Expiration Date
Julie Harper	1RETXXXXL001	XXXXXXXXXX
Joel Harper	1RETXXXXL002	XXXXXXXXXX

If Applicant is an Individual indicate completed continuing education as required

Course Name MFG0000105	Course Location (County) Onandaga	Course Completion Date 10/18/2024
---------------------------	--------------------------------------	--------------------------------------

**Sample**

Financial Security in the form of  Surety Bond  Deposit Account Control Agreement  Letter of Credit in the amount of \$25,000 satisfying the requirements of 19 NYCRR 1210.05(a) remains in effect.

  
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DEPOSIT ACCOUNT CONTROL AGREEMENT - EXECUTIVE LAW ARTICLE 21-B		LETTER OF CREDIT - EXECUTIVE LAW ARTICLE 21-B	
<p><b>DEPOSIT ACCOUNT CONTROL AGREEMENT - EXECUTIVE LAW ARTICLE 21-B</b></p> <p>This agreement is made this _____ day of _____, 20____, between _____, the Applicant, and _____, the Bank, for the purpose of providing for the Applicant's obligations to the Bank under the terms of the Applicant's account with the Bank.</p> <p>The Applicant hereby agrees to maintain a deposit account with the Bank and to maintain the account in good standing at all times. The Applicant agrees to provide the Bank with all necessary information to enable the Bank to monitor the account and to ensure compliance with the terms of this agreement.</p> <p>The Applicant agrees to indemnify and hold the Bank harmless from and against all claims, damages, losses, and expenses, including reasonable attorneys' fees, that may be incurred by the Bank as a result of the Applicant's failure to comply with the terms of this agreement.</p> <p>This agreement shall be governed by the laws of the State of New York.</p> <p>IN WITNESS WHEREOF, the Applicant has hereunto set its hand and seal the day and date first above written.</p> <p>_____ Applicant</p>	<p><b>LETTER OF CREDIT - EXECUTIVE LAW ARTICLE 21-B</b></p> <p>This letter of credit is issued by the Bank in favor of _____, the Beneficiary, for the purpose of providing for the Beneficiary's obligations to the Applicant under the terms of the Applicant's account with the Bank.</p> <p>The Bank hereby agrees to honor the letter of credit for the full amount of the credit limit, up to the maximum amount of \$25,000, in accordance with the terms of this letter of credit.</p> <p>The Bank's obligation under this letter of credit shall be subject to the terms and conditions set forth herein. The Bank shall not be liable for any claims, damages, losses, or expenses, including reasonable attorneys' fees, that may be incurred by the Beneficiary as a result of the Bank's failure to honor the letter of credit.</p> <p>This letter of credit shall be governed by the laws of the State of New York.</p> <p>IN WITNESS WHEREOF, the Bank has hereunto set its hand and seal the day and date first above written.</p> <p>_____ Bank</p>		

  
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DEPOSIT ACCOUNT CONTROL AGREEMENT - EXECUTIVE LAW ARTICLE 21-B		LETTER OF CREDIT - EXECUTIVE LAW ARTICLE 21-B	
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New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22008  
Albany, NY 12202-2008  
Phone: (518) 474-4073  
www.dls.ny.gov

**NEW YORK STATE OPPORTUNITY** | **Division of Licensing Services**


### Renewal of Limited Certification Sample

This application for renewal of a Limited Certification may be submitted only by a person who is employed by a person who or a business entity which (1) is currently certified by New York State Department of State as a Manufacturer, Retailer, Installer or Mechanic and (2) has provided financial security (surety bond, letter of credit, or deposit account control agreement) which is currently in effect. A person holding Limited Certification is considered to be certified only when he or she is acting as an employee of his or her certified employer.

**Instructions:** Complete all parts of this application by checking the applicable boxes and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$25.00 fee, to the above address. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

**APPLICANT'S INFORMATION**      Check applicable box:  
Applicant is a  Manufacturer  Retailer  Installer  Mechanic

Applicant's Name: Joel Harper	Applicant's Certification No. 1RETXXXXXX002
Street Address: 160 Wilkison Rd.	Telephone: ( 585 ) 794-7545
City, State, Zip: Fairport NY 14450	Fax: (     )
	Email: joel@consultwithmhc.com
Mailing Address if different than above:	

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New York State  
Department of State  
Division of Licensing Services  
P.O. Box 22008  
Albany, NY 12202-2008  
Phone: (518) 474-4073  
www.dls.ny.gov

**NEW YORK STATE OPPORTUNITY** | **Division of Licensing Services**


### Renewal of Limited Certification Sample

This application for renewal of a Limited Certification may be submitted only by a person who is employed by a person who or a business entity which (1) is currently certified by New York State Department of State as a Manufacturer, Retailer, Installer or Mechanic and (2) has provided financial security (surety bond, letter of credit, or deposit account control agreement) which is currently in effect. A person holding Limited Certification is considered to be certified only when he or she is acting as an employee of his or her certified employer.

**Instructions:** Complete all parts of this application by checking the applicable boxes and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Sign and date the completed application and submit, with \$25.00 fee, to the above address. Provide current information in this application. If any information provided in this application differs from the information provided in your application for initial certification, check this box  and describe the change(s) in an attached sheet.

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Applicant is a  Manufacturer  Retailer  Installer  Mechanic

Applicant's Name: Joel Harper	Applicant's Certification No. 1RETXXXXXX002
Street Address: 160 Wilkison Rd.	Telephone: ( 585 ) 794-7545
City, State, Zip: Fairport NY 14450	Fax: (     )
	Email: joel@consultwithmhc.com
Mailing Address if different than above:	

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Indicate completion of continuing education as required

Course Name MFG0009105	Course Location (County) Online	Course Completion Date 9/11/2024
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**Financial Security is not required as applicant is employed by a Certified Manufacturer, Retailer, Installer or Mechanic. Financial security submitted by employer applies to applicant as an employee.**

Employer's Name:  
Manufactured Housing Community Consultants LLC

Employer's Identification No.  
XXXXXXXX

DBA:  
Telephone:  
( 585 ) 794-7545

Street Address:  
160 Wilkison Rd  
City, State, Zip:  
Fairport NY 14450

Email:  
joel@consultwithmhc.com

**By signing this application, I certify that as of the date of this application, I am not under an obligation to pay child support OR if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.**

I affirm that I have read and understand the provisions of Article 21-B of the Executive Law and the rules and regulations promulgated thereunder. I further certify, under the penalties of perjury, that the information given above is true to the best of my knowledge and belief. I understand that any material misstatement made may result in the revocation or suspension of the license, if issued.

Signature of Applicant  Sample Date  
10/18/2024

Printed Name of Applicant  
Joel Harper  **consultwithmhc.com** Title  
CEO

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Indicate completed continuing education as required

Course Name MFG0009105	Course Location (County) Online	Course Completion Date 9/11/2024
---------------------------	------------------------------------	-------------------------------------

**Financial Security is not required as applicant is employed by a Certified Manufacturer, Retailer, Installer or Mechanic. Financial security submitted by employer applies to applicant as an employee.**

Employer's Name Manufactured Housing Community Consultants LLC	Employer's Identification No. XXXXXXXXXX
DBA:	Telephone: ( 585 ) 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com

**By signing this application,** I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

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Signature of Applicant 	Date: 10/18/2024
Printed Name of Applicant Joel Harper	Title CEO

**Sample**  
MHC  
consultwithmhc.com

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Indicate completed continuing education as required


Course Name MFG0009105	Course Location (County) Online	Course Completion Date 9/11/2024
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**Financial Security is not required as applicant is employed by a Certified Manufacturer, Retailer, Installer or Mechanic. Financial security submitted by employer applies to applicant as an employee.**

Employer's Name Manufactured Housing Community Consultants LLC	Employer's Identification No. XXXXXXXXXX
DBA:	Telephone: ( 585 ) 794-7545
Street Address: 160 Wilkinson Rd	Fax: ( )
City, State, Zip: Fairport NY 14450	Email: joel@consultwithmhc.com

**By signing this application,** I certify that as of the date of this application, I am not under an obligation to pay child support **OR** if I am under an obligation to pay child support, I am not four or more months in arrears in the payment of child support, or I am making payments by income execution or by court agreed payment or repayment plan or by plan agreed to by the parties, or my child support obligation is the subject of a pending court proceeding, or I am receiving public assistance or supplemental security income.

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Signature of Applicant 	Date: 10/18/2024
Printed Name of Applicant Joel Harper	Title CEO

**Sample**  
MHC  
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DATE 10/19/2024		584612
PAY TO THE ORDER OF	Division of Licensing Services	\$ 200.00
Two Hundred and No/100		DOLLARS
MEMO MHC Consultants LLC Renewal		
		
⑈325760408⑈ 003192⑈ 0583 42		

**Sample**  
MHC  
consultwithmhc.com

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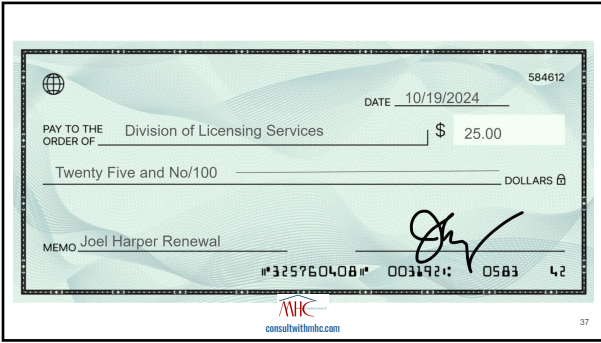
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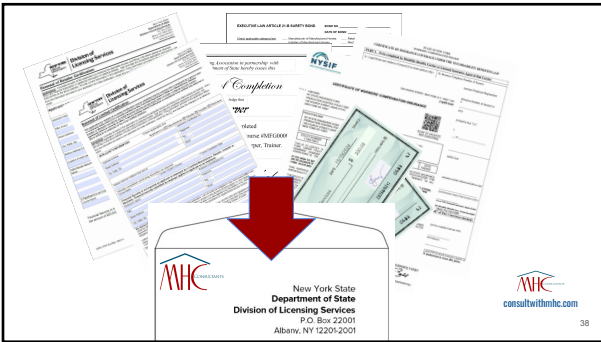
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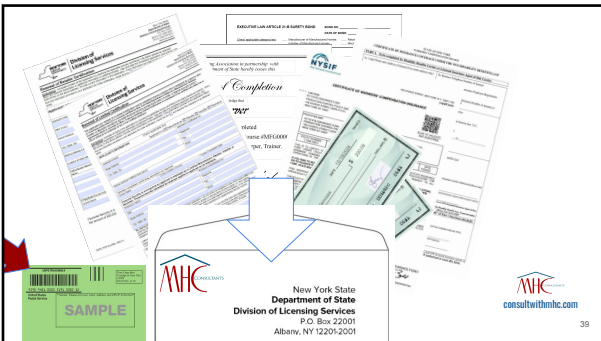
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# Warranty Seals

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 **STATE OF NEW YORK**  
**DEPARTMENT OF STATE**  
**INSTALLER'S WARRANTY SEAL** 987654 SAMPLE

New manufactured home     Relocated manufactured home

A. Warranty Seal Number: 987654 SAMPLE

B. Name of Installer: \_\_\_\_\_

C. Installer Certification Number: \_\_\_\_\_

D. Date of Installation: \_\_\_\_\_

E. Home Serial Number: \_\_\_\_\_

F. HUD Label Number: \_\_\_\_\_

G. Municipality issuing permit: \_\_\_\_\_

H. Installation address: \_\_\_\_\_

I. City, State Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
Certified manufacturer

Printed name of above:  
**VOID IF REMOVED.** This SEAL certifies installer's compliance with the Regulations for Manufactured Homes in accordance with Title 19 New York Codes, Rules and Regulations Part 1210.



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 **STATE OF NEW YORK**  
**DEPARTMENT OF STATE**  
**INSTALLER'S WARRANTY SEAL** 987654 SAMPLE

New manufactured home     Relocated manufactured home

A. Warranty Seal Number: 987654 SAMPLE

B. Name of Installer: \_\_\_\_\_

C. Installer Certification Number: \_\_\_\_\_

D. Date of Installation: \_\_\_\_\_

E. Home Serial Number: \_\_\_\_\_

F. HUD Label Number: \_\_\_\_\_

G. Municipality issuing permit: \_\_\_\_\_

H. Installation address: \_\_\_\_\_

I. City, State Zip: \_\_\_\_\_

Signature: \_\_\_\_\_  
Certified manufacturer

Printed name of above:  
**VOID IF REMOVED.** This SEAL certifies installer's compliance with the Regulations for Manufactured Homes in accordance with Title 19 New York Codes, Rules and Regulations Part 1210.



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**Installer's Quarterly Warranty Dual Report**

Contract Number: 123456789

SCHEDULE OF WORK/ISSUES		
Item	Description	Notes
1	Install and test all electrical wiring in accordance with the National Electrical Code (NEC) and local codes.	Completed on 01/15/2022.
2	Install and test all plumbing fixtures and piping in accordance with the International Plumbing Code (IPC) and local codes.	Completed on 01/20/2022.
3	Install and test all HVAC systems in accordance with the International Mechanical Code (IMC) and local codes.	Completed on 02/01/2022.
4	Install and test all fire alarm and detection systems in accordance with the National Fire Alarm and Signaling Code (NFPA 72) and local codes.	Completed on 02/10/2022.
5	Install and test all low-voltage systems (datacom, security, etc.) in accordance with the National Fire Alarm and Signaling Code (NFPA 72) and local codes.	Completed on 02/15/2022.
6	Install and test all fire extinguishers in accordance with NFPA 10 and local codes.	Completed on 02/20/2022.
7	Install and test all fire doors and smoke partitions in accordance with NFPA 101 and local codes.	Completed on 03/01/2022.
8	Install and test all fire sprinkler systems in accordance with NFPA 13 and local codes.	Completed on 03/10/2022.
9	Install and test all fire alarm control panels in accordance with NFPA 72 and local codes.	Completed on 03/15/2022.
10	Install and test all fire alarm pull stations in accordance with NFPA 72 and local codes.	Completed on 03/20/2022.
11	Install and test all fire alarm sounders in accordance with NFPA 72 and local codes.	Completed on 03/25/2022.
12	Install and test all fire alarm notification appliances in accordance with NFPA 72 and local codes.	Completed on 04/01/2022.
13	Install and test all fire alarm control devices in accordance with NFPA 72 and local codes.	Completed on 04/05/2022.
14	Install and test all fire alarm control units in accordance with NFPA 72 and local codes.	Completed on 04/10/2022.
15	Install and test all fire alarm control panels in accordance with NFPA 72 and local codes.	Completed on 04/15/2022.
16	Install and test all fire alarm pull stations in accordance with NFPA 72 and local codes.	Completed on 04/20/2022.
17	Install and test all fire alarm sounders in accordance with NFPA 72 and local codes.	Completed on 04/25/2022.
18	Install and test all fire alarm notification appliances in accordance with NFPA 72 and local codes.	Completed on 05/01/2022.
19	Install and test all fire alarm control devices in accordance with NFPA 72 and local codes.	Completed on 05/05/2022.
20	Install and test all fire alarm control units in accordance with NFPA 72 and local codes.	Completed on 05/10/2022.

**Sample** 




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**Where to mail reports and attachments**  
 New York State Department of State  
 Division of Building Standards and Codes  
 One Commerce Plaza, Suite 1160  
 99 Washington Avenue  
 Albany, NY 12231  
 Or via email to: [quarterlyinstallerreports@dos.ny.gov](mailto:quarterlyinstallerreports@dos.ny.gov)

DOS 1836-f (Rev. 07/22)




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# Title Application

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1 NEW OWNER'S LAST NAME (OR COMPANY NAME)		FIRST NAME		M.I.
Homeowner		John		Q
ID NO. (from Driver License)		DATE OF BIRTH		SEX
123456789		04 - 01 - 94		M
2 NEW CO-OWNER'S LAST NAME		FIRST NAME		M.I.
Homeowner		Jane		X
ID NO. (from Driver License)		DATE OF BIRTH		SEX
987654321		12 - 25 - 93		F
NEW OWNER'S MAILING ADDRESS Apt. No. _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____ COUNTY _____				
1407 Graymalkin Lane Salem Center NY 10560 Westchester				
ADDRESS WHERE YOU LIVE - IF DIFFERENT FROM YOUR MAILING ADDRESS - DO NOT GIVE PO BOX (include Street Number and Name)				
Apt. No. _____ CITY OR TOWN _____ STATE _____ ZIP CODE _____ COUNTY _____				


  
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3 COMPLETE ONE OF THE FOLLOWING: (A) or (B) or (C) or (D)

<b>A) VEHICLES AND MOTORCYCLES</b> How was the vehicle obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Lease Buyout <input type="checkbox"/> Salvage VEHICLE IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ COLOR _____ ODOMETER READING IN MILES _____ VEHICLE TYPE: <input type="checkbox"/> Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Convertible <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck (Flat Top) <input type="checkbox"/> Truck (Box) <input type="checkbox"/> Other Type of Vehicle or Truck (specify) _____ ADULT SEATING CAPACITY (including Driver) _____ TYPE OF POWER: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Other _____ UNLOADED WEIGHT _____ MAXIMUM GROSS WEIGHT (FOR TRUCKS) _____ Cylinders _____		<b>B) BOATS ONLY</b> How was the boat obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Leased HULL IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ LENGTH _____ HULL MATERIAL: <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Inflatable <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ PROPELLER: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Sail _____ FUEL: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Other _____ UNLOADED WEIGHT _____	
<b>C) MANUFACTURED HOMES ONLY</b> How was the manufactured home obtained? <input type="checkbox"/> New <input type="checkbox"/> Used SERIAL NUMBER: 1 2 3 4 5 6 7 8 9 1 3 2 6 4 5 7 YEAR _____ MAKE _____ COLOR _____ SIZE _____ 2024 T15Atn Big Logo 28' 52' TYPE: <input type="checkbox"/> House Trailer <input type="checkbox"/> Boat Trailer <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Recreational Trailer <input type="checkbox"/> Other _____ VIN Plate Number _____		<b>D) TRAILERS ONLY</b> How was the trailer obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Leased <input type="checkbox"/> Salvage VEHICLE IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ COLOR _____ UNLOADED WEIGHT _____ TYPE: <input type="checkbox"/> House Trailer <input type="checkbox"/> Boat Trailer <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Recreational Trailer <input type="checkbox"/> Other _____ VIN Plate Number _____	


  
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3 COMPLETE ONE OF THE FOLLOWING: (A) or (B) or (C) or (D)

<b>A) VEHICLES AND MOTORCYCLES</b> How was the vehicle obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Lease Buyout <input type="checkbox"/> Salvage VEHICLE IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ COLOR _____ ODOMETER READING IN MILES _____ VEHICLE TYPE: <input type="checkbox"/> Door <input type="checkbox"/> 4 Door <input type="checkbox"/> Convertible <input type="checkbox"/> Motorcycle <input type="checkbox"/> Van <input type="checkbox"/> Truck (Flat Top) <input type="checkbox"/> Truck (Box) <input type="checkbox"/> Other Type of Vehicle or Truck (specify) _____ ADULT SEATING CAPACITY (including Driver) _____ TYPE OF POWER: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> None <input type="checkbox"/> Other _____ UNLOADED WEIGHT _____ MAXIMUM GROSS WEIGHT (FOR TRUCKS) _____ Cylinders _____		<b>B) BOATS ONLY</b> How was the boat obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Leased HULL IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ LENGTH _____ HULL MATERIAL: <input type="checkbox"/> Wood <input type="checkbox"/> Plastic <input type="checkbox"/> Inflatable <input type="checkbox"/> Fiberglass <input type="checkbox"/> Aluminum <input type="checkbox"/> Steel <input type="checkbox"/> Other _____ PROPELLER: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Sail _____ FUEL: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> None <input type="checkbox"/> Other _____ UNLOADED WEIGHT _____	
<b>C) MANUFACTURED HOMES ONLY</b> How was the manufactured home obtained? <input type="checkbox"/> New <input type="checkbox"/> Used SERIAL NUMBER: 1 2 3 4 5 6 7 8 9 1 3 2 6 4 5 7 YEAR _____ MAKE _____ COLOR _____ SIZE _____ 2024 T15Atn Big Logo 28' 52' TYPE: <input type="checkbox"/> House Trailer <input type="checkbox"/> Boat Trailer <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Recreational Trailer <input type="checkbox"/> Other _____ VIN Plate Number _____		<b>D) TRAILERS ONLY</b> How was the trailer obtained? <input type="checkbox"/> New <input type="checkbox"/> Used <input type="checkbox"/> Leased <input type="checkbox"/> Salvage VEHICLE IDENTIFICATION NUMBER _____ YEAR _____ MAKE _____ COLOR _____ UNLOADED WEIGHT _____ TYPE: <input type="checkbox"/> House Trailer <input type="checkbox"/> Boat Trailer <input type="checkbox"/> Horse Trailer <input type="checkbox"/> Recreational Trailer <input type="checkbox"/> Other _____ VIN Plate Number _____	


  
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3 COMPLETE ONE OF THE FOLLOWING: (A) OR (B) OR (C) OR (D)

**(A) VEHICLES AND MOTORCYCLES** Sample

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

VEHICLE TYPE:  Door  Convertible  Van  Truck (List Type)  Other Type of Vehicle or Truck (specify) \_\_\_\_\_

ADULT SEATING CAPACITY: \_\_\_\_\_

**(B) BOATS ONLY**

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

HULL MATERIAL:  Wood  Plastic  Inflatable  Fiberglass  Aluminum  Steel  Other \_\_\_\_\_

PROPULSION:  Outboard  Inboard  Inboard/Outboard  Sail  Other \_\_\_\_\_

**(C) MANUFACTURED HOMES ONLY**

SERIAL NUMBER: \_\_\_\_\_

YEAR: 2024 MAKE: Titan COLOR: Beige SIZE: 28' x 52'

**(D) TRAILERS ONLY**

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_

TYPE:  Horse Trailer  House Trailer  Motor Trailer  Other \_\_\_\_\_

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**DEALER USE ONLY: LIEN INFORMATION - To be completed only by a vehicle, boat or trailer dealer - DO NOT USE FOR MFH**

Choose **gds** →  There are no liens.  I am filing for the lienholder(s) listed below.

Lien Filing Code	Lienholder Name	Lienholder Mailing Address (number, street, city, state, zip code)
123456	Triad Financial Services	13901 Sutton Park Dr., Jacksonville FL 32224

Signature(s) required on back →

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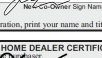
**NEW YORK STATE**

**DAMAGE DISCLOSURE - must be completed for vehicles, motorcycles and trailers**

I certify that, to the best of my knowledge, this vehicle, motorcycle or trailer ( ) has been or ( ) has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage NY" on it if the proof of ownership is a New York State title. If the proof of ownership is an out-of-state title, it will show this state's abbreviation.)

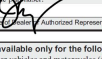
**OWNER CERTIFICATION:** I state that the information I have given is true to the best of my knowledge. If the vehicle, motorcycle, trailer or boat is currently registered in another state, I authorize such registration. If there is a co-owner, BOTH signatures are required.

1.  New Owner Sign Name in Full  
John Q. Homeowner  
Date: 9/17/2024  
Daytime Telephone Number: (914) 555-1234

2.  New Owner Sign Name in Full  
John Q. Homeowner  
Date: 9/17/2024  
Daytime Telephone Number: (914) 555-2468


If signing for a corporation, print your name and title: X

**MANUFACTURED HOME DEALER CERTIFICATION:** I certify that all New York State and local taxes due as a result of this sale, if any, have been collected from the purchaser.

X  Authorized Representative  
Date: 9/17/2024  
Telephone Number: (585) 794-7545  
DYS Sales Tax Number: 12-3456789

Certificates of Title are available only for the following:

- 1973 and newer model year vehicles and motorcycles (including sail
- 1973 and newer model year trailers with an unladen weight of 1,000
- 1987 and newer model year non-documented boats that are at least 11' long and equipped with a motor.
- 1995 and newer model year manufactured homes that are at least 9' long and being transported, or at least 320 square feet when erected on a site.

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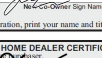
**NEW OWNER'S LAST NAME** Homeowner **FIRST NAME** John

**DAMAGE DISCLOSURE - must be completed for vehicles, motorcycles and trailers**

I certify that, to the best of my knowledge, this vehicle, motorcycle or trailer ( ) has been or ( ) has not been wrecked, destroyed or damaged to such an extent that the total estimate, or actual cost, of parts and labor to rebuild or reconstruct the vehicle to the condition it was in before an accident, and for legal operation on the road or highways, is more than 75% of the retail value of the vehicle at the time of loss. (Checking the "has been" box means the vehicle must have an anti-theft examination before being registered, and that the title issued will have the statement "Rebuilt Salvage NY" on it if the proof of ownership is a New York State title. If the proof of ownership is an out-of-state title, it will show this state's abbreviation.)

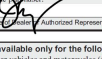
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- 1995 and newer model year manufactured homes that are at least 9' long and being transported, or at least 320 square feet when erected on a site.

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DISTRIBUTOR - DEALER ASSIGNMENT NUMBER 1

FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the manufactured home described therein to \_\_\_\_\_  
 Address \_\_\_\_\_  
 and certifies that the home is new and has not been registered in this or any other state; he also warrants the title of said manufactured home at time of delivery, subject to the liens and encumbrances, if any, as set out below:  
 Amount of Lien \_\_\_\_\_ Date \_\_\_\_\_ To Whom Due \_\_\_\_\_ Address \_\_\_\_\_

Dated \_\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_ (Transferor or Firm Name) By \_\_\_\_\_ Sign Here \_\_\_\_\_ Position \_\_\_\_\_

Dealer License (Permit) No. \_\_\_\_\_  
 Before me personally appeared \_\_\_\_\_ who by me being duly sworn upon oath says that the statements set forth above are true and correct.  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Notary Public for \_\_\_\_\_ State of \_\_\_\_\_  
 Notary Seal \_\_\_\_\_  
USE NOTARIZATION ONLY IF REQUIRED IN TITLE

  
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DISTRIBUTOR - DEALER ASSIGNMENT NUMBER 1

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 Address \_\_\_\_\_  
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 Amount of Lien \_\_\_\_\_ Date \_\_\_\_\_ To Whom Due \_\_\_\_\_ Address \_\_\_\_\_

Dated \_\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_ (Transferor or Firm Name) By \_\_\_\_\_ Sign Here \_\_\_\_\_ Position \_\_\_\_\_

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 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Notary Public for \_\_\_\_\_ State of \_\_\_\_\_  
 Notary Seal \_\_\_\_\_  
USE NOTARIZATION ONLY IF REQUIRED IN TITLE

  
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 Amount of Lien \_\_\_\_\_ Date \_\_\_\_\_ To Whom Due \_\_\_\_\_ Address \_\_\_\_\_

Dated \_\_\_\_\_, at \_\_\_\_\_  
 \_\_\_\_\_ (Transferor or Firm Name) By \_\_\_\_\_ Sign Here \_\_\_\_\_ Position \_\_\_\_\_

Dealer License (Permit) No. \_\_\_\_\_  
 Before me personally appeared \_\_\_\_\_ who by me being duly sworn upon oath says that the statements set forth above are true and correct.  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 \_\_\_\_\_ Notary Public for \_\_\_\_\_ State of \_\_\_\_\_  
 Notary Seal \_\_\_\_\_  
USE NOTARIZATION ONLY IF REQUIRED IN TITLE

  
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FOR VALUE RECEIVED, the undersigned hereby transfers this Statement of Origin and the manufactured home described therein to \_\_\_\_\_  
 Address \_\_\_\_\_  
 and certifies that the home is new and has not been registered in this or any other state; he also warrants the title of said manufactured home at time of delivery, subject to the liens and encumbrances, if any, as set out below:  
 Amount of Lien \_\_\_\_\_ Date \_\_\_\_\_ To Whom Due \_\_\_\_\_ Address \_\_\_\_\_  
 Dated \_\_\_\_\_ at \_\_\_\_\_  
 (Transferor or Firm Name) By \_\_\_\_\_ Position \_\_\_\_\_  
 Dealer License (Permit) No. \_\_\_\_\_  
 Before me personally appeared \_\_\_\_\_ who by me being  
 duly sworn \_\_\_\_\_ says that the statements set forth above are true and correct.  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_  
 Notary Public for \_\_\_\_\_  
 USE NOTARIZATION ONLY IF REQUIRED IN TITLE

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## Other Forms

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**information** February 2016

**RETAILER DISPUTE RESOLUTION NOTIFICATION**

Effective October 2008, the U.S. Department of Housing and Urban Development (HUD) requires the resolution of manufacturer and consumer disputes to occur in compliance with the standards of the U.S. Dispute Resolution Program established in 2008.

The U.S. Department of Housing and Urban Development (HUD) Manufactured Home Dispute Resolution Program is available to resolve disputes among manufacturers, retailers, or residents concerning whether a manufactured home meets certain minimum standards or whether installation, appraisal, information, or other requirements are met. For additional information about these programs, see customer handouts "Dispute Resolution Process" and "Additional Information-HUD Manufactured Home Dispute Resolution Program" in the Consumer Manual required to be provided to the purchaser. These programs are not necessary programs and do not replace the manufacturer's or any other process, warranty program.

In New York State, complaints for the resolution of disputes should be directed to the Manufactured Housing Unit of the New York State Department of State, Division of Building Standards and Codes, One Commerce Plaza, 99 Washington Ave., Suite 1106, Albany, NY 12241-0001. Telephone 518-474-8072. Fax 518-464-4887.

**information** September 2022

**CUSTOMER INSTALLATION DISCLOSURE UPDATES**

From the issuance of a sales contract to the completion of a manufactured home, the dealer may provide the customer or home owner a consumer installation disclosure. The disclosure may be in a document separate from the sales or lease agreement. The disclosure must include the following information:

The New York State Uniform Fire Prevention and Building Code requires the requirements for the installation of manufactured homes. All manufactured homes are required to be installed in compliance with all local fire and building requirements. The manufacturer's owner's manual must be provided to the customer prior to July 12, 2022, and must include the following information:

Installation on or after this date shall have certain minimum items in accordance with the Uniform Code in effect at the time of construction. Installation on or after this date shall have certain minimum items in accordance with the Uniform Code in effect at the time of construction. A local Enforcement Official must inspect the installation of every manufactured home prior to issuing a Certificate of Occupancy required from the local jurisdiction. An exception of these installation requirements is that all homes shall be at or below flood line. The foundation design must be designed and approved by the local Code Enforcement Official. Any "Alternative Foundation System" that deviates from the manufacturer's installation manual must be designed by a NYE Design Professional (licensed and not limited) and approved by the manufacturer and Design Approval Primary Inspection Agency (DAPI) prior to home sale. All manufactured homes must be installed under the supervision of a Certified New York State Installer and when completed must receive a New York State Installer's Warranty Seal. Local municipalities may also have certain zoning and land use requirements unique to their jurisdiction. Compliance with any additional federal, state, or local requirements, including provisions of the manufacturer's owner's manual, must be included in the purchase or lease. Additional information regarding New York State installation requirements can be obtained from the dealer or from the Manufactured Housing Unit of the New York State Department of State, Division of Building Standards and Codes, One Commerce Plaza, 99 Washington Ave., Suite 1106, Albany, NY 12241-0001.

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**Joel Harper**  
CEO

[joel@consultwithmhc.com](mailto:joel@consultwithmhc.com)

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