



Joel Harper
CEO

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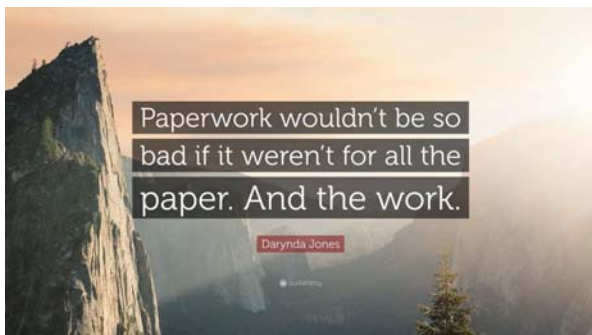
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Nothing contained in this presentation should be construed as legal advice. Consult with an attorney prior to making any business decision.

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Certification Application



NEW YORK STATE
Division of Licensing Services

Application for Installer Certification

The applicant hereby certifies that he/she is applying for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

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 fee to the above address.

Applicant's Information Check applicable box: ☐ Individual ☐ Trade Name ☐ General Partnership

Applicant's Information

Applicant's Name	_____
Applicant's Address	_____
Applicant's City	_____
Applicant's State	_____
Applicant's Zip	_____
Applicant's Phone	_____
Applicant's Fax	_____
Applicant's Email	_____

Education

Applicant has completed the following education: ☐ None ☐ High School ☐ College ☐ Postgraduate

Experience & Training

Applicant has completed the following experience and training: ☐ None ☐ High School ☐ College ☐ Postgraduate

Signature

Applicant's Signature: _____

Date: _____



NEW YORK STATE
Division of Licensing Services

Application for Limited Certification

The applicant hereby certifies that he/she is applying for limited certification as an installer pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210. This applicant is not a resident of New York State and is not a resident of New York City.

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 fee to the above address.

Applicant's Information Check applicable box: ☐ Individual ☐ Trade Name ☐ General Partnership

Applicant's Information

Applicant's Name	_____
Applicant's Address	_____
Applicant's City	_____
Applicant's State	_____
Applicant's Zip	_____
Applicant's Phone	_____
Applicant's Fax	_____
Applicant's Email	_____

Education

Applicant has completed the following education: ☐ None ☐ High School ☐ College ☐ Postgraduate

Experience & Training

Applicant has completed the following experience and training: ☐ None ☐ High School ☐ College ☐ Postgraduate

Signature

Applicant's Signature: _____

Date: _____



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.dls.ny.gov

Sample

Application for Installer Certification

The applicant identified below hereby applies for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

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 fee to the above address.

Applicant's Information Check applicable box: Applicant is a: ☐ Individual ☐ Trade Name ☐ General Partnership

☒ Corporation ☐ LLC ☐ LP ☐ LLP



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) 474-6277
www.dls.ny.gov

Application for Installer Certification

The applicant identified below hereby applies for certification pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210.

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 fee to the above address.

Applicant's Information

Check applicable box: Applicant is a: ☐ Individual ☐ Trade Name ☐ General Partnership ☒ Corporation ☐ LLC ☐ LP ☐ LLP

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Applicant's Name:
Harper Sales Inc.

DBA (if any):
Harper Homes

Street Address:
600 Linden Ave

City, State, Zip:
Rochester NY 14625

Social Security Number:

Mailing Address (if different than above):

Sample

Telephone:
(585) 586-6400

Fax:
(585) 248-9036

Email:
sales@harperhomes.net

Federal Taxpayer ID:
XX-XXXXXXX

MHC

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Applicant's Name:
Harper Sales Inc.

DBA (if any):
Harper Homes

Street Address:
600 Linden Ave

City, State, Zip:
Rochester NY 14625

Social Security Number:

Mailing Address (if different than above):

Sample

Telephone:
(585) 586-6400

Fax:
(585) 248-9036


Email:
sales@harperhomes.net

Federal Taxpayer ID:
XX-XXXXXXX


MHC

consultwithmhc.com


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Applicant's Name: Harper Sales Inc.	
DBA (if any): Harper Homes	Telephone: (585) 586-6400
Street Address: 600 Linden Ave	Fax: (585) 248-9036
City, State, Zip: Rochester NY 14625	Email: sales@harperhomes.net
Social Security Number:	Federal Taxpayer ID: XX-XXXXXXX
Mailing Address (if different than above):	
 consultwithmhc.com	

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Applicant's Name: Harper Sales Inc.	
DBA (if any): Harper Homes	Telephone: (585) 586-6400
Street Address: 600 Linden Ave	Fax: (585) 248-9036
City, State, Zip: Rochester NY 14625	Email: sales@harperhomes.net
Social Security Number:	Federal Taxpayer ID: XX-XXXXXXX
Mailing Address (if different than above):	
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Applicant's Name: Harper Sales Inc.	
DBA (if any): Harper Homes	Telephone: (585) 586-6400
Street Address: 600 Linden Ave	Fax: (585) 248-9036
City, State, Zip: Rochester NY 14625	Email: sales@harperhomes.net
Social Security Number:	Federal Taxpayer ID: XX-XXXXXXX
Mailing Address (if different than above):	
 consultwithmhc.com	

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Educational Requirements You must have a high school or equivalency diploma OR US Armed Forces educational record indicating successful completion of secondary education development high school course C-10. <input type="checkbox"/> Interview two year full time employment in the manufactured home industry OR <input type="checkbox"/> Interview two year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.		
Experience & Training <input type="checkbox"/> Applicant must possess a combination of at least all manufacturing courses in Table #1 <input type="checkbox"/> Completion of either course A or B/C/D/E/F applicant must submit training by completion of manufactured homes including the AVCOE 21-B introductory course OR <input type="checkbox"/> Applicant is currently employed or formerly as an employee by the State of Tennessee and is holding paymaster to 10 AVCOE 21B OR AVCOE 21-B introductory course is required. <i>(Courses must be completed within 6 months of application.)</i>		
Indicate Completed Training Course Name _____ Course Location (County) _____ Complete Completion Date _____ <div style="text-align: center; font-size: 2em; color: red;">Sample</div>		
(DD-MMM-YY or Mon, YYYY)		
Page 1 of 1		
EMPLOYER Length of Employment _____ From ____ Mo. ____ Yr. To ____ Mo. ____ Yr.		
Type of Business _____ Your Exact Title _____ Name of Your Supervisor _____ No. of Hours worked per week _____		
		

Education
 Do you have a high school or equivalency diploma? ☐ US Armed Forces educational report indicating successful completion of General education development high school report ☐ Yes ☐ No ☐

☐ Interview two year full time employment in the manufacturing home industry OR

Experience & Training
☐ Substantive involvement in the operation of at least 20 manufacturing systems in 1978
 or
☐ Completion of sixteen hours of MHC approved courses resulting in completion of manufacturing courses including the Article 21-B mandatory course OR
☐ Applicant is currently verified or listed as an isolate by the State of _____ and is waiting payment to the MHCOR LTR-19. Article 21-B attendance course is required.
Courses must be completed within 6 months of application.

Indicate Completed Training
 Course Name _____ Course Location/City/State _____ Course Completion Date _____

Sample

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EMPLOYER	First Name	City and State
Length of Employment		
Mo. Yr.	Mo. Yr.	City and State
From To		
Type of Business		
Your Email Title		
Name of Your Supervisor		
	No. of hours verified per week	


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Education Did you have a high school or equivalency diploma OR US Armed Forces educational report indicating successful completion of secondary education development high school course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Interview less than 1 year full time employment in the manufactured home industry OR <input type="checkbox"/> Interview less than 1 year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet.		
Experience & Training <input type="checkbox"/> Applicant <u>not</u> employed in the occupation of at least 21 manufacturing hours in 1978.		
* <input type="checkbox"/> Completion of either House or WOODWORK segment courses leading to completion of manufactured homes including the ARJIS 21-B mandatory course OR <input type="checkbox"/> Applicant is currently employed or has been as an installer by the State of Tennessee and is holding permit to 18 WOODWORK ARJIS 21-B certificate course as required.		
Courses must be completed within 6 months of application.		
Indicate Completed Training Course Name _____	Course Location/City/State _____	Indicate Completion Date _____
Page 1 of 1		
(DDA-1000) as Rev. (3-01)		
EMPLOYER Length of Employment _____ Mon. / Tu. / We. / Th. / Fri. / Sat. / Sun. / Type of Business _____ Your Email Title _____ Name of Your Supervisor _____ No. of hours worked per week _____	First Name _____ Address _____ City and State _____	

<small>Individuals listed below have, or will apply for, Limited Certification as an installer and are in the employ of the applicant. Attach applications for Limited Certifications, herewith.</small>		
<small>Name</small>	<small>Article 21-B Intro. Course Completion Date</small>	<small>Certification No. (# applicable)</small>
Joel Harper	5/15/06	1INSXXXXX-L001
Scott Jones	5/15/06	1INSXXXXX-L002



Financial Security in the form of ☒ Surety Bond ☐ Deposit Account Control Agreement ☐ Letter of Credit in the amount of \$10,000 satisfying the requirements of 19 NYCRR Part 1201.06(a) is submitted herewith.

Sample



Financial Security in the form of  ☒ Surety Bond ☐ Deposit Account Control Agreement ☐ Letter of Credit in the amount of \$10,000 satisfying the requirements of 19 NYCRR Part 1201.06(a) is submitted herewith.

Sample



If you are applying other than as an individual, please answer only the below statement which applies to your particular licensing status.

I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☒ NO

I am a member of this partnership and the Certificate of Partnership has been filed in the office of the County Clerk where the business is located or with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☒ YES ☐ NO

I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am a (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO


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If you are applying other than as an individual, please answer only the below statement which applies to your particular licensing status.

I own this business and the Trade Name Certificate has been filed in the Office of the County Clerk where the business is located. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☒ NO

I am a member of this partnership and the Certificate of Partnership has been filed in the office of the County Clerk where the business is located or with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am an officer of this corporation and the New York State Certificate of Incorporation has been filed with the Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☒ YES ☐ NO

I am an officer of this foreign (out of state) corporation and an Application for Authority to do business has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO

I am a (member) (manager) of this Limited Liability Company, and a copy of the Articles of Organization has been filed with the NYS Department of State, Division of Corporations. **(By signing this application, you are certifying compliance with this requirement.)** ☐ YES ☐ NO


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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 affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. 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 or Authorized Representative  Date: 5/20/06

Printed Name of Applicant or Authorized Representative Joel Harper Title: Partner

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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 affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. 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 or Authorized Representative	Date: 5/20/06
Printed Name of Applicant or Authorized Representative	Title:
Joel Harper	Partner

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PRIVACY NOTIFICATION

Do I need to provide my Social Security and Federal ID numbers on the application?

Yes, the Department of State is required to collect the federal Social Security and Employer Identification numbers of all licensees. The authority to request and maintain such personal information is found in §5 of the Tax Law and §3-503 of the General Obligations Law. Disclosure by you is mandatory. The information is collected to enable the Department of Taxation and Finance to identify individuals, businesses and others who have been delinquent in filing tax returns or may have underestimated their tax liabilities and to generally identify persons affected by the taxes administered by the Commission of Taxation and Finance. It will be used for tax administration purposes and any other purpose authorized by the Tax Law and may also be used by child support enforcement agencies or their authorized representatives of this or other states established pursuant to Title IV-D of the Social Security Act, to establish, modify or enforce an order of support, but will not be available to the public. A written explanation is required where no number is provided. This information will be maintained in the Licensing Information System by the Director of Administration and Management, at One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001.



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New York State
Department of State
Division of Licensing Services
P.O. Box 22009
Albany, NY 12201-2009
Phone: (518) 474-6073
www.dls.ny.gov

Application for Limited Certification

The applicant identified below hereby applies for limited certification as indicated, pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1216. This application for certification may only be submitted by individuals employed by a person who, or a business entity which is certified as a Manufacturer, Retailer, Installer or Mechanic holding current financial security. Limited certification carries the same rights and responsibilities of the Certified Individual or Business while employed within the scope of that certified individual or business.

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 \$25 fee to the above address.

Applicant's Information Check applicable box: Applicant is a:
☐ Manufacturer ☐ Retailer ☒ Installer ☐ Mechanic



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Application for Limited Certification

The applicant identified below hereby applies for limited certification as indicated, pursuant to Article 21-B of the Executive Law and 19 NYCRR Part 1210. This application for certification may only be submitted by individuals employed by a person who, or a business entity which is certified as a Manufacturer, Retailer, Installer or Mechanic holding current financial security. Limited certification carries the same rights and responsibilities of the Certified Individual or Business while employed within the scope of that certified individual or business.

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 \$25 fee to the above address.

Applicant's Information

Check applicable box: Applicant is a:

☐ Manufacturer
 ☐ Retailer
 ☒ Installer
 ☐ Mechanic



Applicant's Information

Check applicable box: Applicant is a:

☐ Manufacturer
 ☐ Retailer
 ☒ Installer
 ☐ Mechanic

Applicant's Name Joel Harper	
Street Address 8130 East Aeon Link Rd	Telephone (585) 3 228-2580
City, State, Zip Aron, NY 14414	Fax (585) 3 228-2186
	Email joel@harperhomes.net
Social Security Number XXXXXXXXXX	Federal Taxpayer ID
Mailing Address (if different than above)	
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 Harper Homes Inc.	Employer's Certification No. XXXXXXXXXXXX
DBA (if any)	Telephone (585) 3 386-6400
Street Address 800 Linden Ave	Fax (585) 3 248-8306
City, State, Zip Rochester, NY 14620	Email joel@harperhomes.net



Applicant's Information

Check applicable box: Applicant is a:

☐ Manufacturer
 ☐ Retailer
 ☒ Installer
 ☐ Mechanic

Applicant's Name Joel Harper	
Street Address 8130 East Aeon Link Rd	Telephone (585) 3 228-2580
City, State, Zip Aron, NY 14414	Fax (585) 3 228-2186
	Email joel@harperhomes.net
Social Security Number XXXXXXXXXX	Federal Taxpayer ID
Mailing Address (if different than above)	
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 Harper Homes Inc.	Employer's Certification No. XXXXXXXXXXXX
DBA (if any)	Telephone (585) 3 386-6400
Street Address 800 Linden Ave	Fax (585) 3 248-8306
City, State, Zip Rochester, NY 14620	Email joel@harperhomes.net



Application for Limited Certification Experience and Training Requirements	
Manufacturer: Not Applicable, HUD Approval required	
<p>Minimum one year full time employment in the manufactured home industry OR</p>	
Fabricator:	<input type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet <input type="checkbox"/> Completion of three hours of NYSDOS approved Article 21-B introductory course
<p>Minimum two year full time employment in the manufactured home industry OR</p>	
Installer:	<input type="checkbox"/> Minimum two year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet OR <input type="checkbox"/> Substantial involvement in the installation of at least 20 manufactured homes in NY'S
<p>Completion of sixteen hours of NYSDOS approved courses relating to the installation of manufactured homes including the Article 21-B introductory course OR</p>	
	<input type="checkbox"/> Applicant is currently certified or licensed as a installer by the State of _____ and is applying pursuant to 19 NYCRR 1215.08. Article 21-B introductory course is required.
<p>Minimum one year full time employment in the manufactured home industry OR</p>	
Mechanic:	<input type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry. Attach explanation on additional sheet <input type="checkbox"/> Completion of six hours of NYSDOS approved courses relating to manufactured homes including the Article 21-B introductory course OR
	<input type="checkbox"/> Applicant is currently certified or licensed as a mechanic by the State of _____ and is applying pursuant to 19 NYCRR 1215.08. Article 21-B introductory course is required.

Application for Limited Certification	
Experience and Training Requirements	
Manufacturer: Not Applicable, HUD Approval required	
Installer:	<p><input type="checkbox"/> Minimum one year full time employment in the manufactured home industry OR</p> <p><i>Attach explanation on additional sheet</i></p> <p><input type="checkbox"/> Completion of three hours of NYSDOS approved Article 21-B introductory course</p>
Installer:	<p><input type="checkbox"/> Minimum one year full time employment in the manufactured home industry OR</p> <p><input checked="" type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry on additional sheet OR</p> <p><input type="checkbox"/> Successful completion in the installation of at least 20 manufactured homes in NY's</p>
Mechanics:	<p><input type="checkbox"/> Completion of sixteen hours of NYSDOS approved courses relating to the installation of manufactured homes including the Article 21-B introductory course OR</p> <p><input type="checkbox"/> Applicant is currently certified or licensed as a installer by the State of _____ and is applying pursuant to 18 NYCRR 1215.6B. Article 21-B introductory course is required.</p> <p><input type="checkbox"/> Minimum one year full time employment in the manufactured home industry OR</p> <p><input type="checkbox"/> Minimum one year full time employment in a business substantially similar to the manufactured home industry. <i>Attach explanation on additional sheet.</i></p>
Mechanics:	<p><input type="checkbox"/> Completion of six hours of NYSDOS approved courses relating to manufactured homes including the Article 21-B introductory course OR</p> <p><input type="checkbox"/> Applicant is currently certified or licensed as a mechanic by the State of _____ and is applying pursuant to 18 NYCRR 1215.6B. Article 21-B introductory course is required.</p>

Indicate Completed Training Course Name	Course Location	Course Completion Date
MFG0000201	Verona, NY	10/16/24

EMPLOYER		Firm Name	Address	City and State
Length of Employment		Harper Sales Inc	600 Linden Ave	Rochester, NY
Mo.	Yr.	Duties		
From 5	/ 93	Installation of manufactured homes. Drilling footers, pouring concrete,		
TO 12	/ 24	assembling piers, installing anchors, finish work inside home such as drywalling		
Type of Business				
Manufactured Home Retailer and Installer				
Your Exact Title				
Partner				
Name of Your Supervisor				
Ralph Harper		Sample	No. of hours worked per week: 2000	


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EMPLOYER		Firm Name	Address	City and State
Length of Employment		Harper Sales Inc	600 Linden Ave	Rochester, NY
Mo.	Yr.	Duties		
From 5	/ 93	Installation of manufactured homes. Drilling footers, pouring concrete,		
TO 12	/ 24	assembling piers, installing anchors, finish work inside home such as drywalling		
Type of Business				
Manufactured Home Retailer and Installer				
Your Exact Title				
Partner				
Name of Your Supervisor				
Ralph Harper		Sample	No. of hours worked per week: 2000	


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
EMPLOYER		Firm Name	Address	City and State
Length of Employment		Harper Sales Inc	600 Linden Ave	Rochester, NY
Mo.	Yr.	Duties		
From 5	/ 93	Installation of manufactured homes. Drilling footers, pouring concrete,		
TO 12	/ 24	assembling piers, installing anchors, finish work inside home such as drywalling		
Type of Business				
Manufactured Home Retailer and Installer				
Your Exact Title				
Partner				
Name of Your Supervisor				
Ralph Harper		Sample	No. of hours worked per week: 2000	


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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 affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. 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 or Authorized Representative		Date:	5/20/06
Printed Name of Applicant or Authorized Representative	Joel Harper	Title:	Partner Sample


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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 affirm that Workers' Compensation Insurance/Disability Benefits for all employees, if applicable, has been secured. 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 or Authorized Representative		Date:	5/20/06
Printed Name of Applicant or Authorized Representative	Joel Harper	Title:	Partner Sample

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The
Manufactured Housing Educational Institute **Sample**



is pleased to recognize
Sample
for successful completion of

**Manufactured Housing Installation
Training-New York**

on October 20, 2004


George Porter, Executive
Manufactured Housing Resource Center


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Karl Finkle
Chair of MHED

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[illegible]

[illegible]

The image displays two side-by-side screenshots of a Request for Proposal (RFP) document from the Department of Education, Office of the State Superintendent of Education. The left document is titled 'Request for Proposal' and the right document is titled 'Proposal Submission'. Both documents are dated 10/1/2018 and are for the 2018-2019 school year. The documents are for the 'Request for Proposal' and 'Proposal Submission' sections. The left document is titled 'Request for Proposal' and the right document is titled 'Proposal Submission'. Both documents are dated 10/1/2018 and are for the 2018-2019 school year. The documents are for the 'Request for Proposal' and 'Proposal Submission' sections.

<https://dos.ny.gov/code/manufactured-homes>

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[illegible]

584612

DATE 10/19/2024

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

[Signature]

MHC
consultwithmhc.com

584612

DATE 10/19/2024

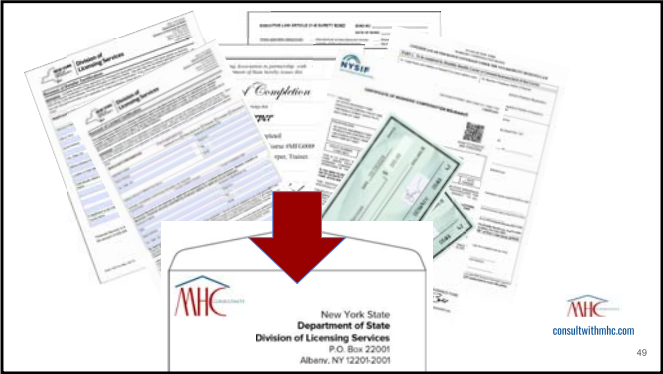
PAY TO THE ORDER OF Division of Licensing Services \$ 25.00

Twenty Five and No/100 _____ DOLLARS

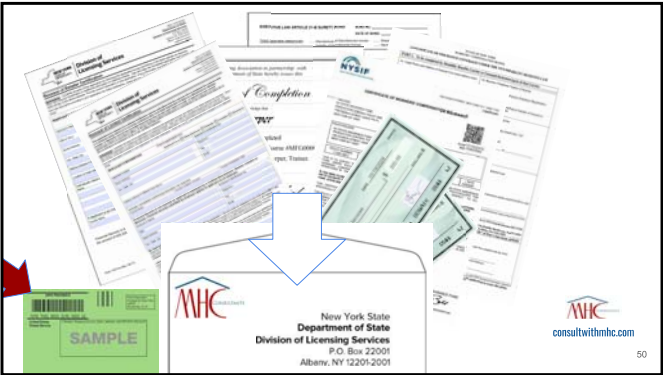
MEMO Joel Harper Renewal

#325760408# 003192: 0583 42

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51

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[illegible]



NEW YORK
State of New York
Division of Licensing Services

NEW YORK STATE
Department of State
Division of Licensing Services
120 West Street, 15th Floor
New York, NY 10038
Tel: (212) 463-3000
Fax: (212) 463-3001
www.dls.state.ny.us

Renewal of Notarial Certification

NOTARIAL FIDELITY

Important: Renewal requires a public declaration of fidelity to the Notary Public Law. This is the only document that is required to be filed with the Division of Licensing Services. Please review the instructions carefully. If you are a Notary Public, you must file this document with the Division of Licensing Services. If you are a Notary Public, you must file this document with the Division of Licensing Services. If you are a Notary Public, you must file this document with the Division of Licensing Services.

Applicant's Information (Client assistance fee: Applicant fee: ☐ Individual ☐ Trade Name ☐ Corporate Partnership
☐ Partnership ☐ LLP ☐ LP

Applicant's Name: _____
 (City or Town) _____
 Street Address: _____
 City, State, Zip: _____
 Home Address (if different than above): _____
 (City or Town) _____
 State _____

Individuals listed below have certification as a Limited Notarial and are in the custody of the applicant:
 Name: _____
 Relationship: _____

If Applicant is an individual who has completed continuing education as required:
 Course Name: _____ Course Number (Course): _____ Course Completion Date: _____


Financial Security: In the form of \$25,000 Security Bond ☐ Deposit Account Control Agreement ☐ Letter of Credit ☐
 the amount of \$25,000 satisfying the requirements of § 56-0109, 12103 (Official Website) is attached.




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Page 1 of 2

	<div style="text-align: right;"> <p>New York State Department of State Division of Licensing Services P.O. Box 22001 Albany, NY 12201-2001 Phone: (518) 474-4073 www.dls.ny.gov</p> </div> <div style="text-align: center;"> <p>Division of</p> <p>Licensing Services</p> </div>
<p>Renewal of Retailer Certification</p> <p><u>Instructions:</u> 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 has changed in this application, then from the information provided in your application for initial certification, check this box <input type="checkbox"/> and describe the change(s) in an attached sheet.</p>	
<p>Applicant's Information</p>	<p>Check applicable box: Applicant is a: <input type="checkbox"/> Individual <input type="checkbox"/> Trade Name <input type="checkbox"/> General Partnership</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP</p>
<p>Applicant's Name:</p>	<p>Applicant's Certification No.</p>
<p>DBA (if any):</p>	<p>Telephone:</p>



NEW YORK
STATE OF
OPPORTUNITY


Division of Professional Services

New York State
Department of State
Division of Licensing Services
P.O. Box 22001
Albany, NY 12201-0001
Phone: (518) 474-4073
www.dls.ny.gov

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 sheet. \$200.00 fee. To the above address. Provide current information in this application. 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: <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

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

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.

Applicant's Information

Check applicable box: Applicant is a:


☐ Individual
☐ Trade Name
☐ General Partnership
☐ Corporation
☐ LLC
☐ LP
☐ LLP

Applicant's Name:

Applicant's Certification No.

DBA (if any):

Telephone:



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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:

Applicant's Certification No.

DBA (if any):

Telephone:

Street Address:


Fax:

City, State, Zip:

Email:

Mailing Address if different than above:

Location of retail sales lot this application applies to, if different than above:



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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:

Applicant's Certification No.

DBA (if any):

Telephone:

Street Address:


Fax:

City, State, Zip:

Email:

Mailing Address if different than above:


Location of retail sales lot this application applies to, if different than above:



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60


Applicant's Information	
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 checked="" type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No.: 1RETXXXX
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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Applicant's Information	
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 checked="" type="checkbox"/> LLC <input type="checkbox"/> LP <input type="checkbox"/> LLP	
Applicant's Name: Manufactured Housing Community Consultants, LLC	Applicant's Certification No.: 1RETXXXX
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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62

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



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63

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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64

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
MFG00009105	Online	9/11/2024

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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65

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.


NEW YORK HOUSING ASSOCIATION, INC.


consultwithmhc.com



Trainer

66

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.

NEW YORK
HOUSING
ASSOCIATION, INC.


AMHC
consultwithnhc.com

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	1RETXXXXXL001	XX/XX/XXXX
Joel Harper	1RETXXXXXL002	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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[illegible]

[illegible]

<https://dos.ny.gov/code/manufactured-homes>


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[illegible]

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[illegible][illegible]

	<h2>Division of Licensing Services</h2>	<div> <div> New York State Department of State Division of Licensing Services P.O. Box 23001 Albany, NY 12203-0201 Phone: (518) 474-4273 www.dls.ny.gov </div> <div>  </div> </div>
<h3>Renewal of Limited Certification</h3>		
<p>This application for renewal of a Limited Certification may be submitted only by a person who is employed by a person who 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.</p> <p>Instructions: Complete all parts of this application by checking the <input type="checkbox"/> and filling in the blank spaces as required. Show any required explanation or additional information on attached sheets. Do not send the completed application and submit, with this application, a check for \$25.00 fee. In the above address, provide current information in this space () and describe the change(s) in an attached sheet.</p>		
<p>APPLICANT'S INFORMATION</p>		
<p>Check applicable box: Applicant is a: <input type="checkbox"/> Manufacturer <input type="checkbox"/> Retailer <input type="checkbox"/> Installer <input type="checkbox"/> Mechanic</p>		
Applicant's Name: Joe Harper Street Address: 160 Wilkinson Rd. City, State, Zip: Parson NY 14455	Applicant's Certification No. 1RETXXXXX.002 Telephone: (585) 794-7545 () Email: joe@consultwithnyc.com	
Mailing Address (if different than above):		



NEW YORK
STATE OF
OPPORTUNITY

**Division of
Licensing Services**

New York State
Department of State
Division of Licensing Services
P.O. Box 22004
Albany, NY 12201-2004
Phone: (518) 474-4373
www.dls.ny.gov

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 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 \$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

Applicant's Name: Joel Harper

Street Address: 160 Wilkinson Rd.

City, State, Zip: Fairport NY 14450

Mailing Address if different than above:

Check applicable box:
Applicant is a ☒ Manufacturer ☐ Retailer ☐ Installer ☐ Mechanic

Applicant's Certification No: 19ETXXXXL002

Telephone: (585) 794-7545

Fax: ()

Email: joel@consultwithnbc.com


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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 22004
Albany, NY 12201-2004
Phone: (518) 474-4373
www.dls.ny.gov

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 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 \$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

Applicant's Name: Joel Harper

Street Address: 160 Wilkinson Rd.

City, State, Zip: Fairport NY 14450

Mailing Address if different than above:

Check applicable box:
Applicant is a ☐ Manufacturer ☐ Retailer ☐ Installer ☐ Mechanic

Applicant's Certification No: 19ETXXXXL002

Telephone: (585) 794-7545

Fax: ()

Email: joel@consultwithnbc.com


 consultwithnbc.com

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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 22004
Albany, NY 12201-2004
Phone: (518) 474-4373
www.dls.ny.gov

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 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 \$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

Applicant's Name: Joel Harper

Street Address: 160 Wilkinson Rd.

City, State, Zip: Fairport NY 14450

Mailing Address if different than above:


Check applicable box:
Applicant is a ☒ Manufacturer ☐ Retailer ☐ Installer ☐ Mechanic

Applicant's Certification No: 19ETXXXXL002

Telephone: (585) 794-7545

Fax: ()

Email: joel@consultwithnbc.com


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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 Wilkison 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.		
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		Title CEO
consultwithmhc.com		

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 Wilkison 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.		
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		Title CEO
consultwithmhc.com		

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 Wilkison 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.		
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		Title CEO
consultwithmhc.com		

584612

DATE 10/19/2024

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

MHC
consultwithmhc.com

584612

DATE 10/19/2024

PAY TO THE ORDER OF Division of Licensing Services \$ 25.00

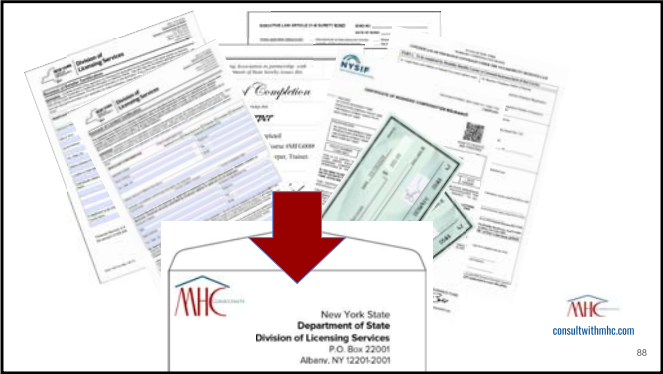
Twenty Five and No/100 DOLLARS

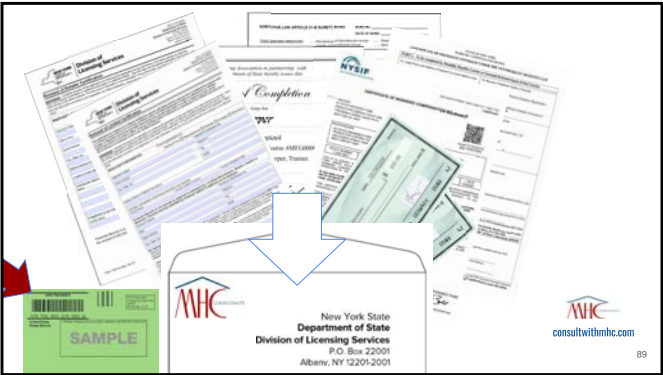
MEMO Joel Harper Renewal

#325760408# 003192: 0583 42

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[illegible]









He hasn't said anything
about ending my certification.
What do I do?



Steps to be released from your financial security and end certification

1. Write a letter to DOS requesting release of your security.



Steps to be released from your financial security and end certification

- 1. Write a letter to DOS requesting release of your



Steps to be released from your financial security and end certification

- 1. Write a letter to DOS requesting release of your security.
- 2. Include copies of all certificates of occupancy related to your certification.



Steps to be released from your financial security and end certification

- 1. Write a letter to DOS requesting release of your security.
- 2. Include copies of all certificates of occupancy related to your certification
- 3. Include all certificates and wallet cards associated with the certified entity, including limited certificates.



Steps to be released from your financial security and end certification

- 1. Write a letter to DOS requesting release of your security.
- 2. Include copies of all certificates of occupancy related to your certification
- 3. Include all certificates and wallet cards associated with the certified entity, including limited certificates
- 4. Installers need to file their quarterly report and check the final report box, and return all unused warranty seals.



Steps to be released from your financial security and end certification

- 1. Write a letter to DOS requesting release of your security.

No Homes Installed this Quarter?	If you have not installed any manufactured homes for this reporting period mark an X in the box and mark NONE in Installed Units section then mail this report.	<input type="checkbox"/>
Has your Address or Business Information Changed?	If so, call the Dept. of State at (518) 474-4073 or mark an X in the box and enter new information above.	<input type="checkbox"/>
Final Report?	If so, mark an X in the box if you are discontinuing your business operations and this is your final report. Attach your Certification and unused warranty seals to this report.	<input checked="" type="checkbox"/>

certified entity, including limited certificates

- 4. Installers need to file their quarterly report and check the final report box, and return all unused warranty seals.



Steps to be released from your financial security and end certification

- 1. Write a letter release of
- 2. Include cc of occupa certificac
- 3. Include all cards ass certified e certificate:
- 4. Installers i quarterly r final repor unused warranty seals.



Any questions?