

**ALABAMA MANUFACTURED HOUSING COMMISSION**  
350 SOUTH DECATUR STREET \* MONTGOMERY, ALABAMA 36104  
(334) 242-4036 \* FAX (334) 240-3178  
WWW.AMHC.ALABAMA.GOV

**APPLICATION FOR SALESPERSON'S LICENSE**

**New/Provisional**                       **RENEWAL**

SALESPERSON'S LICENSE NUMBER \_\_\_\_\_  
(For AMHC Use Only)

SALESPERSON INFORMATION

SALESPERSON'S NAME \_\_\_\_\_  
(First) (MI) (Last)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ SS NO. \_\_\_\_/\_\_\_\_/\_\_\_\_ DL NO. \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

COUNTY \_\_\_\_\_

RETAIL CENTER INFORMATION

NAME OF BUSINESS \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

LOCATION ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ COUNTY \_\_\_\_\_

Pursuant to the Rules and Regulations of the Alabama Manufactured Housing Commission Chapter 535-X-14, I hereby submit this application and a non-refundable check or money order made payable to the Alabama Manufactured Housing Commission. I certify that I will comply with the Manufactured Housing Commission's laws, rules, and regulations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

(PLEASE PRINT OR WRITE LEGIBLY)