

ALABAMA MANUFACTURED HOUSING COMMISSION

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

APPLICATION TO TRANSFER SALESPERSON'S LICENSE

SALESPERSON'S NAME _____
(First) (MI) (Last)

DOB ____/____/____ SS NO. ____/____/____ DL NO. _____

SALESPERSON'S LICENSE NUMBER _____

TRANSFER FROM:

RETAIL CENTER _____

RETAIL CENTER LICENSE NUMBER _____

LOCATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ FAX (____) _____ COUNTY _____

TRANSFER TO:

NEW RETAIL CENTER _____

NEW RETAIL CENTER 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)