



**Iowa Department of Public Safety  
State Fire Marshal Division  
Building Code Bureau  
Application for Manufactured  
Housing Manufacturer License**

This form is to be used to apply for or to renew a Manufactured Housing Manufacturer License in the State of Iowa. Rules and regulations governing this program are available at the following website:  
<https://dps.iowa.gov/divisions/state-fire-marshal/factory-built-structures>

**Please type or print legibly if not completing online.**

- Check this box if this form is being used as written notification of a change in the name, method of doing business or the location of the place of business as shown on a previously issued license. (Payment of a \$100 fee must accompany this submittal)
- Check this box if this form is being used as written notification of the issuance of a contract with a person in this state to sell new manufactured or mobile homes at retail. (No additional fee required).
- Check this box if this form is being used as written notification of any change in the trade names of manufactured or mobile homes being manufactured for delivery in this state. (No additional fee required).

**APPLICANT INFORMATION:**

Business Name: \_\_\_\_\_

Primary Address of Business: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Name and Title of Person Completing Application: \_\_\_\_\_

Please list the name of all makes of manufactured or mobile homes assembled by the manufacturer or distributed by the distributor for delivery in this state. (Attach additional sheets if necessary)

**NOTE:** Sample manufacturer's certificates of origin must be provided with this application, for each separate make.

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Make: \_\_\_\_\_ Make: \_\_\_\_\_

Please list the business names and primary business addresses of all manufactured and mobile home retailers with whom you do business within the State of Iowa. (Attach additional sheets if necessary).

Business Name/Address: \_\_\_\_\_

Business Name/Address: \_\_\_\_\_

**The Manufactured Housing Manufacturer licensure fee is \$100 annually or for any portion of a year. A license issued in December of any year is valid for the following calendar year. Please make checks payable to the Treasurer, State of Iowa. Amount enclosed \$\_\_\_\_\_.**

**I hereby certify that that all statements made by me on this application are, to the best of my knowledge true and correct. I understand that any false statements or material misrepresentations on this application may be cause for denial, suspension, or revocation of this license.**

**Name and Title** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**This completed application, sample certificates of origin and licensure fee must be submitted to the following address at least thirty (30) days in advance of the date the applicant anticipates doing business in the State of Iowa or at least thirty (30) in advance of the date the applicant's current Iowa license expires:**

**State Fire Marshal's Office  
215 E 7th St  
Des Moines, IA 50319**

**Updated: 3/2020**