



Manufactured Structure System User Application

Department of Consumer & Business Services
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APPLICANT INFORMATION	
Nature of application: <input type="checkbox"/> New application <input type="checkbox"/> Update of business information	
1. Business name:	2. Business ID number: <i>(current user)</i>
3. Mailing address:	4. Phone:
	5. Fax:
6. Primary contact: <i>(name and title)</i>	7. Mobile/pager:
	8. E-mail:
BUSINESS AND NOTIFICATION INFORMATION	
9. Type of business <i>(Select only one; complete one form for each business role in which you wish to operate)</i> <ul style="list-style-type: none"> <input type="checkbox"/> Manufactured structure manufacturer <input type="checkbox"/> Manufactured structure dealer <input type="checkbox"/> Manufactured structure park <input type="checkbox"/> Manufactured structure transporter <input type="checkbox"/> Lender <i>(security interest holder)</i> <input type="checkbox"/> Title company/escrow agent <input type="checkbox"/> Oregon county <input type="checkbox"/> Other <i>(specify)</i> 	10. License number If your business is required to be licensed by any Oregon regulatory agency, enter your business license number.
SIGNATURE	
11. Authorized signature Applications require signature of the primary contact identified in Box 6.	
_____ <i>Signature</i>	_____ <i>Date</i>
<i>Identify staff members authorized to conduct business online for this system user on Page 2.</i>	

AUTHORIZATION

12. Electronic Access Authorization

System users may be authorized to conduct business electronically. The business functions that can be conducted online vary by system-user type. Please list staff members authorized to access data and conduct activity related to your business. As a security measure, BCD will assign a log-on ID and password to each person. Instructions for completing this section are attached to this form.

<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Full name		Log-on ID
	Title	Phone	Access code
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Full name		Log-on ID
	Title	Phone	Access code
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Full name		Log-on ID
	Title	Phone	Access code
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	Title	Phone	Access code
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Full name		Log-on ID
	Title	Phone	Access code

If space is insufficient, attach additional pages.

INSTRUCTIONS

Nature of application: Indicate if this is an initial filing or an update of existing information.

1. **Business name:** The name of the organization or business that wishes to establish a business relationship with the Building Codes Division.
2. **Business ID number:** If this is a new application, leave this space blank; for current system users, indicate the business ID number previously assigned to this business, if known.
3. **Mailing address:** The mailing address to which correspondence should be sent.
4. **Phone:** The telephone number, including area code, at which the primary contact person can be reached.
5. **Fax:** The fax number, including area code, used to conduct business.
6. **Primary contact:** Indicate the name and title of the primary contact. This contact should be empowered to make business decisions pertinent to the manufactured dwelling system.
7. **Mobile/Pager:** The mobile phone or pager number of the primary contact. Optional.
8. **E-mail:** Indicate a business e-mail address that can be used to communicate with this business.
9. **Type of business:** The nature of the system user's business. A system user must select only one business type because access rights are based on the type of business. If a business serves more than one of the business functions listed, a separate form must be filed for each business function.
10. **License number:** Manufactured dwelling dealers, parks, and transporters are licensed by the Building Codes Division. These businesses must provide a valid license number to become a BCD system user. Lenders may have a license number issued by the Division of Finance and Corporate Securities; if so, enter the number in this space.
11. **Authorized signature:** The signature of the primary contact person identified in Box 6.
12. **Electronic access authorization:** System users' authority to conduct business online may be limited according to business type. The primary contact person must identify all staff authorized to conduct online business. Those employees will have access authority. NOTE: Businesses must notify BCD immediately when employees leave their business or when they want the access rights of an employee to be modified. Complete one line for each user as follows:

Full name: Provide the first name, middle initial, and last name of the person to be authorized.

Title: Indicate the title of the person.

Phone: Provide the complete, direct telephone number; including area code, of the authorized employee.

Log-on ID: BCD will assign a log-on ID and temporary password to each person. Temporary passwords should be changed the first time a user logs into the system.

Access code: Some business types are subdivided into user groups with varying degrees of update authority. The primary contact should consult with BCD if he or she is uncertain what rights are appropriate for particular employees. Enter a code in this field, as follows:

User group	Access code	User access level
Manufactured dwelling manufacturer	E	New home entry rights
Manufactured dwelling dealer	E	New home ownership entry rights, trip permits
Manufactured dwelling transporter	E	Online trip permit processing
Lender/security interest holder	E	Entry of new security interests
	R	New interest entry, plus release & assign
Title company/escrow agent	E	Entry of all home information
Oregon county	E	Entry of all home information
	M	Management rights (contact BCD for details)
Read-only access	V	Employee read-only access