

License # _____

Check # _____

THERE IS A \$15.00 FILING FEE REQUIRED FOR TRANSFER OF LICENSE. (Checks should be made payable to "NC Manufactured Housing Board")

-----Do Not Write Above This Line – For Office Use Only-----

TRANSFER REQUEST

DATE: _____

SALESMAN FULL NAME: _____

SALESMAN LICENSE #: _____ EMAIL ADDRESS: _____

SALESMAN SOCIAL SECURITY # _____

DEALER CURRENTLY LICENSED WITH:

NAME: _____ LICENSE #: _____

ADDRESS: _____

CITY, STATE: _____

DEALER TRANSFERRING TO:

NAME: _____ LICENSE #: _____

ADDRESS: _____

CITY, STATE: _____

SALESPERSON'S ACKNOWLEDGEMENT OF LICENSE TRANSFER:

I ACKNOWLEDGE THAT I AM TRANSFERRING MY SALESPERSON'S LICENSE FROM THE ABOVE LISTED DEALERSHIP, WHERE I AM CURRENTLY LICENSED, TO THE ABOVE LISTED DEALERSHIP, I AM TRANSFERRING TO. I AM FULLY AWARE THAT MY LICENSE WITH THE DEALERSHIP I AM CURRENTLY LICENSED WITH WILL NO LONGER BE VALID AFTER THE COMPLETED TRANSFER HAS BEEN PROCESSED.

SALESPERSON'S SIGNATURE _____ DATE _____