



APPLICATION FOR THIRD PARTY INSPECTION AGENCY

Ohio Manufactured Homes Commission
 5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017
 Phone: (614) 734-6010 • Fax: (614) 734-6012
 Website: <http://www.omhc.ohio.gov>

The non-refundable application fee is \$300.00

STEP 1	BASIC INFORMATION
Name: _____	Phone: () - ext.
Address (street or P.O. box): _____ _____	Fax: () -
City: _____	State: _____ Zip _____
Email: _____	County: _____
Name of parent or affiliate organization if any: _____	
Location of permit facilities (attach list if needed):	
Address (street or P.O. box): _____ _____	Phone: () - ext.
City: _____	Fax: () -
Name & Title of contact person*: _____	State: _____ Zip _____
Phone: () - ext.	Fax: () -
Email: _____	
*Note: This is the person who will be responsible for coordinating the agency's participation in the program.	

STEP 2	ATTACHMENTS
(all of the following must be attached):	
A.	Provide the name, address, telephone number, of the Manufactured Home Inspectors providing inspections. If any of these are not direct employees provide a copy of the contract.
B.	Provide the name address, telephone number, and ESI number of the ESI providing inspections. If any of these are not direct employees provide a copy of the contract.
C.	Provide the name, address, telephone number, of the Plans Reviewer. If any of these are not direct employees provide a copy of the contract.
D.	Provide the name, address and telephone number of individuals who will receive the permit requests and of the one person who will be responsible for the security of the inspection seals. If any of these are not direct employees provide a copy of the contract.
E.	Provide detailed information regarding the geographic area of coverage such as a map and the name of the political subdivisions or jurisdictions included.

STEP 3 AGENCY INDEPENDENCE	
A.	List all agency names used including corporations, sole proprietorship, or trade names. (use separate sheet if necessary):
B.	Provide full names of the agency principals including directors, partners, sole proprietor, or officers including working titles, dates of birth and maiden name and other names (aka) used on a separate sheet. If agency has a corporation or other entity with 5% interest in the agency, provide the names of the directors, partners, sole proprietors or officers through ownership layers, the names of natural persons is required.
C.	Have any agency principals including directors, partners, the sole proprietor, or any officers been convicted of a felony in the last ten years? If yes, explain:
D.	Is your agency owned, operated or controlled by any manufactured home related retailer, manufacturer, park operator, producer, supplier or vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No
E.	Does your agency or any of your agency principals have any stock options or securities investments in the any manufactured home related product lines being inspected? <input type="checkbox"/> Yes <input type="checkbox"/> No
F.	Does your agency or any of your agency principals have any managerial affiliations with any manufactured home related retailer, manufacturer, park operator, producer, supplier or vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No
G.	Is the employment security of personnel free of influence from any manufactured home related producer, supplier or vendor? <input type="checkbox"/> Yes <input type="checkbox"/> No

STEP 4 INSURANCE ATTACHMENTS	
(Terms of insurance are subject to Commission approval.)	
A.	Provide proof of the insurance requirements per the Third Party Agency Contract.
B.	If contract employees are used, provide proof that contract employees are covered under the above referenced insurance or have their own insurance in the same amount.
C.	Provide proof of workers compensation insurance or an explanation of exemption.

STEP 5 CERTIFICATION	
I, the undersigned, representing the agency in this application, affirm that the information given in this application is accurate and complete.	
Applicant's Signature	Date

STEP 6 NOTARY	
State of _____ County of _____	<i>This space reserved for Notary Seal</i>
Signed and sworn before me on (date)	
Notary Public Signature:	
My commission expires:	

STEP 7 PAYMENT

Make checks payable to **Treasurer, State of Ohio**. DO NOT SEND CASH
 If paying by credit or debit card, visit our website at www.omhc.ohio.gov. Click on the credit card authorization form, fill out and return with this application.

Application Fee	\$300.00
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STEP 8 RETURN APPLICATION AND PAYMENT FOR PROCESSING

Return application along with payment to:

**Ohio Manufactured Homes Commission
 5100 Parkcenter Ave Suite 103
 Dublin OH 43017**

<i>Office Use Only:</i>			
	Check # _____	Date: _____	Amount _____
CC: Last 4 #'s _____	Approval # _____	Date _____	Amount _____
Office Notes: _____			