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Freedom of Information and Protection of Privacy Act (FOIPPA):
Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the *Manufactured Home Act* for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

Note: A Bill of Sale must accompany this form when a transfer is the result of a sale.

A MH REGISTRATION NUMBER	B DESCRIPTION OF HOME – <i>Make/model or serial no. and year of manufacture</i>
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C CURRENT LOCATION

1. CIVIC ADDRESS – Must be completed by all applicants

STREET NO.	STREET NAME	CITY / TOWN / VILLAGE / MUNICIPALITY	PROVINCE
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All applicants must complete No. 1 – Civic Address above and one of No. 2, 3 or 4 below

2. MANUFACTURED HOME IS LOCATED IN A MANUFACTURED HOME PARK

PAD NO.	MANUFACTURED HOME PARK NAME
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OR

3. MANUFACTURED HOME IS LOCATED AT A MANUFACTURER'S OR DEALER'S SALES LOT

DEALER NAME

OR

4. LEGAL LAND DESCRIPTION

D REGISTERED OWNER(S) NAME – Full name of owner(s) as shown on the Manufactured Home Register

Where the seller is a corporation/organization, did the entity exist at the date the transfer was executed? YES NO

E LAND OWNERSHIP/LEASE Is the manufactured home located on land that the new owners own or have a registered lease of not less than 3 years? <input type="checkbox"/> YES <input type="checkbox"/> NO	F CONSIDERATION
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G DECLARED VALUE (market/assessed value of the home)	H DATE OF EXECUTION YYYY / MMM / DD	I TENANCY OF NEW OWNERS <input type="checkbox"/> SOLE OWNERSHIP <input type="checkbox"/> JOINT TENANCY <input type="checkbox"/> TENANTS IN COMMON
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J NEW OWNER(S) (OR PARTY ENTITLED TO BE REGISTERED AS OWNER) – Full legal name of individual or legal entity. If an individual, include first, middle and last name. Please list address (include city, province, postal code) and phone number of each owner. If all owners reside at the same address, list the address and phone number only once. If owners are tenants in common, state fractional undivided interest beside each owner's name. If owner is an incorporated company, society or cooperative, state incorporation number.

K SUBMITTING PARTY (Seller, Purchaser or Authorized Agent)

NAME	PHONE NO. ()	<input type="checkbox"/> OWNER	<input type="checkbox"/> AUTHORIZED AGENT
MAILING ADDRESS	CITY	PROVINCE	POSTAL CODE

L SIGNATURE OF PERSON SUBMITTING TRANSFER (Seller, Purchaser or Authorized Agent)
– The information stated above is correct.

DATE SIGNED
YYYY / MMM / DD

X