

Telephone: 1 877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 – 940 Blanshard Street
Victoria BC V8W 3E6

INSTRUCTIONS:

- Please fill out this form completely and accurately. Your application may be rejected if missing mandatory information. Mandatory fields are indicated with an asterisk (*).
- Manufactured Homes in BC must be registered (as required under the *Manufactured Home Act*) before a transfer can be made effective.
- Some homes may be exempt from registration, please refer to the **EXEMPTIONS** section below before completing this application.
- Additional forms and/or further information may be required to be submitted with this application.

STEP 1 - MANUFACTURED HOME DESCRIPTION

This section is to clearly identify the manufactured home and the right to register the home under the Act. This information can be obtained from the Manufacturer label affixed on the home.

You must complete at a minimum, the make or model, serial number and year of manufacture. The rest may be listed as unknown.

STEP 2 - SUBMITTING PARTY

Print name and mailing address of the person/party that is submitting this application. This may be the owner or an agent acting for the owner.

NOTE: The confirmation of registration and the decals will be mailed to this address.

STEP 3 - NAME OF OWNER(S) OF MANUFACTURED HOME

Give the full legal name of all owner(s) of the manufactured home (No Initials) and their mailing address. Fill out Schedule B if there is more than 1 owner or groups of owners. Provide the complete corporate name if the owner is a company as registered and incorporated.

- **Owner** – legal and beneficial owner of the home. If the owner is a trustee of a trust, add name of Trustee and name of Trust in the Additional Name Information field.
- **Executor** – a personal representative appointed by Court or the Will to carry out the requirements of the Will of the deceased.
- **Administrator** – a personal representative appointed by the Court through a Grant of Administration to handle the affairs of an Estate.
- **Bankruptcy Trustee** – a licensed trustee under the *Bankruptcy Act (Canada)* appointed to administer the bankruptcy of the owner

For Tenants in Common (Fractional interest ownership):

- Each group of owners will hold a share of the home for a total number of equal shares. For example: if there are two owners, each of whom owns a half share, then there will be 2 groups containing one individual per group with 1/2 interest or 50/100 each. If the home is owned by two groups but one holds two thirds and one holds one third this can be expressed as 2 groups, the first with 2/3 fractional interest and the 2nd owner (group 2) with 1/3 interest for total of 3/3 fractional interest. (Interest must equal a whole number)

NOTE: if there are multiple owners within one (1) group - they are automatically Joint Tenants within that group with equal ownership.

For Joint Tenants:

- Individual owners will jointly and wholly own a home together with rights of survivorship. Should one owner die, the surviving joint tenant will retain ownership without the requirement of Probate or Estate.

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 Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

STEP 4 - CURRENT LOCATION OF MANUFACTURED HOME

Complete civic address (physical location) of home. Do not put PO Box or RR numbers. Check () the appropriate box and complete section A, B or C as appropriate.

- a.) If the manufactured home is located in a manufactured home park, give name of park and the bay or pad number.
- b.) If the manufactured home is located on private land, give the P.I.D. number or if no PID # is assigned yet, provide the full address (number, street name, city, town, village).

Note: If the manufactured home is in a logging camp or mine, give the name of the company and if legal description is unobtainable, provide a detailed description of the location.

- c.) If the manufactured home is located on a manufacturer's or dealer's premises, put the manufacturer's or the dealer's name here.

STEP 5 - SIGNATURE OF SUBMITTING PARTY

Print name, sign, date.

AFTER COMPLETING THIS APPLICATION FORM AS INSTRUCTED:

Mail the original with your cheque, money order or agent's trust cheque, made payable to the Minister of Finance, for the required fee to the Manufactured Home Registry.

EXEMPTIONS

The following structures are exempt and cannot be registered under the Act:

- a.) floating homes,
- b.) campers,
- c.) travel or tourist trailers – which are licensed or required to be licensed as a trailer under the *Motor Vehicle Act* for use on a highway,
- d.) Park Model trailers built to the Canadian Standards Association CSA #Z241 standard.
- e.) manufactured homes being transported in or through the Province:
 - (i) from a manufacturer's place of business within the Province directly to a location outside the Province,
 - (ii) from a location outside the Province directly to another location outside the Province.
- f.) bunkhouses, and
- g.) structures not designed, constructed or manufactured to provide residential accommodation and to be moved from one place to another by being towed or carried.

OFFICE USE ONLY — DO NOT WRITE IN THIS AREA



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* STAFF USE ONLY
MANUFACTURED HOME REGISTRATION NUMBER
DATE OF REGISTRATION (YYYY/MM/DD)
DOCUMENT ID

ARE YOU RE-REGISTERING A PREVIOUSLY EXEMPTED HOME? [] YES [] NO IF YES, PROVIDE ORIGINAL REGISTRATION NUMBER:

1. MANUFACTURED HOME DESCRIPTION

* MANUFACTURER (legal business name)
* CSA APPROVAL NUMBER
CSA STANDARD [] Z240 [] A277

* YEAR of Manufacture MAKE (Make or Model are required) MODEL

Table with 4 columns: SECTION, SERIAL NUMBER, LENGTH (feet, inches), WIDTH (feet, inches). Rows 1-4.

OTHER DETAILS / REBUILT STATUS (if no CSA approval, provide Technical Safety label number)

2. SUBMITTING PARTY Registry documents and decals will be mailed to this address [] Owner is submitting party

* FIRST NAME MIDDLE NAME * LAST NAME

BUSINESS NAME

* NUMBER, STREET, ROAD OR PO BOX

* CITY * PROVINCE * POSTAL CODE

TELEPHONE () EMAIL

3. NAME OF OWNER OF MANUFACTURED HOME (For additional owners, provide all owner information on Schedule B.)

[] SOLE OWNER [] JOINT OWNERSHIP [] TENANTS IN COMMON (If tenants in common, you must provide group ownership amount: ___ / ___)

* FIRST NAME MIDDLE NAME * LAST NAME

- OR - LEGAL BUSINESS NAME

ADDITIONAL INFORMATION / ESTATE NAME

SPECIFY OWNER TYPE - (Select one) [] OWNER [] EXECUTOR [] ADMINISTRATOR [] BANKRUPTCY TRUSTEE



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MAILING ADDRESS OF OWNER

* NUMBER, STREET, ROAD OR PO BOX

* CITY * PROVINCE * POSTAL CODE

TELEPHONE ()

4. CURRENT LOCATION OF MANUFACTURED HOME

* NUMBER, STREET OR ROAD

* CITY / TOWN * PROVINCE

SELECT ONE LOCATION TYPE (A, B OR C)

A MANUFACTURERS PREMISES DEALERS PREMISES

* NAME OF DEALER / MANUFACTURER

B IN A MANUFACTURED HOME PARK

* MANUFACTURED HOME PARK NAME

* BAY OR PAD NO.

C ON LAND NOT IN A MANUFACTURED HOME PARK

STRATA OTHER INDIAN RESERVE * RESERVE NAME

* RESERVE NUMBER

PIN # (Parcel Identifier Number):

* PID NUMBER (is mandatory if available): If no PID number, provide the full legal land description.

LOT

LAND DISTRICT

PLAN

DISTRICT LOT

PART OF

SECTION

TOWNSHIP

RANGE

MERIDIAN

PARCEL

BLOCK

EXCEPT PLAN

DOES THE MANUFACTURED HOME OWNER(S) OWN THE LAND OR HAVE A REGISTERED LEASE WITH A TERM MORE THAN THREE YEARS?

YES NO IF NO, DO YOU HAVE PERMISSION FROM THE LANDOWNER? YES NO

5. SIGNATURE OF SUBMITTING PARTY

INDICATE YOUR ASSOCIATION WITH THE MANUFACTURED HOME

OWNER AGENT FOR OWNER

PRINT NAME OF SUBMITTING PARTY

SIGNATURE OF SUBMITTING PARTY

DATE SIGNED (YYYY/MM/DD)

X



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7. SCHEDULE B - TENANTS IN COMMON OR JOINT OWNERSHIP

If tenants in common, you must provide group number and each group ownership amount (eg. 1/3). If joint tenancy, then do not provide group number or group ownership amount as this is for equal ownership only.

SPECIFY OWNER TYPE - (Select one): [] OWNER [] EXECUTOR [] ADMINISTRATOR [] BANKRUPTCY TRUSTEE

TENANTS IN COMMON GROUP NUMBER: Group ___ of ___ GROUP OWNERSHIP AMOUNT: ___ / ___

* FIRST NAME MIDDLE NAME * LAST NAME

BUSINESS NAME ADDITIONAL INFORMATION (eg. Estate name) * PHONE NUMBER ()

* NUMBER, STREET, ROAD OR PO BOX

* CITY * PROVINCE/STATE * POSTAL CODE/ZIP CODE

SPECIFY OWNER TYPE - (Select one): [] OWNER [] EXECUTOR [] ADMINISTRATOR [] BANKRUPTCY TRUSTEE

TENANTS IN COMMON GROUP NUMBER: Group ___ of ___ GROUP OWNERSHIP AMOUNT: ___ / ___

* FIRST NAME MIDDLE NAME * LAST NAME

BUSINESS NAME ADDITIONAL INFORMATION (eg. Estate name) * PHONE NUMBER ()

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