Public Protection Cabinet
Department of Housing, Buildings & Construction
Manufactured Housing Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
(502) 573-1795 Fax: (502) 573-1059

MONTHLY MANUFACTURED HOME RETAILER CERTIFICATION FORM

Name of Retailer: _____ **License Number:** _____

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____ **Phone Number:** (_____) _____-_____

Serial Number	HUD Label and/or Kentucky B Seal Number	Manufactured Date	Model Number	Consumer Name & Address

This form must be submitted to the Manufactured Housing Section no later than the first week of each month. The form and all "B" seal inspection reports are to be retained by the retailer for three (3) years.

I hereby certify that the used units described hereon have been inspected and a "B" seal applied as required by 815 KAR 25:050, and that the new manufactured homes described hereon have the appropriate HUD label.

Signature: _____ **Title:** _____ **Date:** _____