



**MONTHLY CERTIFIED INSTALLER CERTIFICATION FORMAT**

**Department of Housing, Buildings and Construction**

**Building Codes Enforcement**

**Manufactured Housing Section**

**101 Sea Hero Road, Suite 100**

**Frankfort, Kentucky 40601-5412**

**(502) 573-1795 Fax (502) 573-1059**

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**PRINT NAME OF CERTIFIED INSTALLER**

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Mailing Address

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City

State

Zip Code

County

Phone #

I hereby certify that the used units described hereon have been installed and inspected in compliance with the standards as required by 815 KAR 25:090 Section 2.

No.	Serial #	Installation Label #	Mfg. Date	Make	Installation Date	Consumer(s) Name & Address

This form must be used in reporting units to the Field Inspectors and the Manufactured Housing Section. This form shall be mailed to the Manufactured Housing Section of the Office of Housing, Building and Construction at the end of each month, no later than the first week of the month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

