HBCMH 23
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Public Protection Cabinet
Department of Housing, Buildings and Construction
Division of Building Code Enforcement
Manufactured Housing Section
101 Sea Hero Road, Suite 100
Frankfort, Kentucky 40601-5412
Telephone: (502) 573-1795 Fax: (502) 573-1059

Monthly Manufactured Home Retailer Certification For: Month & Year:_____

Name of Retailer: _____ MH Retailer License Number _____

Street Address: _____ County: _____

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

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

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. 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 as outline in 815 KAR 25:060.

Date: _____ Signature: _____ Title: _____