DHBC MH # 1
Orig.10/06

MONTHLY
MANUFACTURER'S CERTIFICATION FORMAT

Department of Housing, Buildings & Construction
Manufactured Housing Section
101 Sea Hero Road Suite 100
Frankfort, KY. 40601-5405
((502) 573-1795 Fax. (502) 573-1059

_____

Name of Manufacturer

_____

Mailing Address

_____

City **State** **Zip Code**

No.	SERIAL #	HUD label	Mfg date	MODEL	Retailer's Name & Address

This form must be used in reporting units to the Manufactured Housing Section of the State Fire Marshals Office monthly.

_____ Date_____

Signature of authorized person to certify these units