PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS & CONSTRUCTION
MANUFACTURED HOUSING SECTION
500 Mero Street
FRANKFORT, KENTUCKY 40601
(502) 573-1795 FAX (502) 573-1059

Department of Housing, Buildings + Construction

MONTHLY CERTIFIED INSTALLER CERTIFICATION FORMAT

New or Used	Serial #	Installation Seal #	Installation Date	Make	Mfg. Date	Consumer Name	Physical Address of Set	County	Phone #
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									
N/U									

I hereby certify that the new or used units listed above have been installed and inspected in compliance with the standards as required by 815 KAR 25:080. This form **SHALL** be submitted monthly to the Manufactured Housing Section **no later than the first week of each month.**

Installers Printed Name: _____ CI Number: _____ Signature: _____ Date: _____

Kentucky UNBRIDLED SPIRIT