



Public Protection Cabinet
Department of Housing, Buildings & Construction
Manufactured Housing Section
 500 Mero Street
 Frankfort, Kentucky 40601
 (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: _____

