HBC RV-7
August 2018

Recreational Vehicle
Unit Certification Format

_____
Name of Retailer

_____
Mailing Address **County**

_____
City **State** **Zip Code** **Phone#**

No.	SERIAL#	KY "B" SEAL #	DATE MFG	MODEL	SIZE	CONSUMERS NAME & ADDRESS

This form must be used in reporting units to Manufactured Housing. The form should be completed in duplicate with the original mailed to the Department of Housing, Buildings & Construction – Manufactured Housing Section at the end of each month, **no later than the first week** of each month, and the copy retained by the Retailer.

_____ Date_____
Person Authorized to certify these units