



STATE OF CALIFORNIA
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 P.O. BOX 278180, SACRAMENTO, CA 95827-8180
 (800) 952-8356
ContactMH-FBH@hcd.ca.gov

DEPARTMENT USE ONLY
 DTN: _____
 FEE REC'D: _____
 DATE: _____

REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY

SECTION 1 – REQUEST FOR HCD INSIGNIA

**** (QAA-Third party) – Complete Section 1 to request Insignia. Complete Section 3 upon receipt of shipped insignia and send it back to HCD.**

QUALITY ASSURANCE AGENCY NAME AND ID NO: _____

ADDRESS: _____ TELEPHONE: _____

INSIGNIA TYPE REQUESTED:

- | | |
|--|--|
| <input type="checkbox"/> Commercial Modular (CM)—Flame | <input type="checkbox"/> Commercial Modular (CM)—Black |
| <input type="checkbox"/> Special Purpose Commercial Modular (SPCM) | <input type="checkbox"/> Factory-built Housing (FBH) Dwelling—Orange |
| <input type="checkbox"/> Factory-built Housing (FBH) Component—Red | <input type="checkbox"/> Multifamily Manufactured Home (MFMH) |

NO. OF INSIGNIA REQUESTED:

Number of MFMH, CM or SPCM Insignia requested: _____ @ \$51.00 ea. = \$ _____ (Total fees submitted)

Number of FBH Component (Red) Label requested: _____ @ \$5.00 ea. = \$ _____ (Total fees submitted)

Number of FBH Dwelling (Orange) Label requested: _____ @ \$62.00 ea. = \$ _____ (Total fees submitted)

INSIGNIA ADMINISTRATOR: _____ Date: _____
Signature *Print*

SECTION 2 – INSIGNIA SHIPMENT

*** HCD USE ONLY ***

TYPE SHIPPED:

- | | |
|--|--|
| <input type="checkbox"/> Commercial Modular (CM)—Flame | <input type="checkbox"/> Commercial Modular (CM)—Black |
| <input type="checkbox"/> Special Purpose Commercial Modular (SPCM) | <input type="checkbox"/> Factory-built Housing (FBH) Dwelling—Orange |
| <input type="checkbox"/> Factory-built Housing (FBH) Component—Red | <input type="checkbox"/> Multifamily Manufactured Home (MFMH) |

QUANTITY SHIPPED: _____ INSIGNIA NO.: _____ THROUGH & INCLUDING NO.: _____

ISSUED BY: _____ DATE: _____

SECTION 3 – INSIGNIA RECEIVING REPORT

DATE RECEIVED: _____ QUANTITY RECEIVED: _____

INSIGNIA NO.: _____ THROUGH & INCLUDING NO.: _____

I have carefully inspected this shipment of HCD Insignia and certify that all Insignia received are in satisfactory condition and are correct as indicated in Section 2, except as follows:

ENTER ANY INSIGNIA NUMBER(S) AFFECTED

- | | |
|---|--|
| <input type="checkbox"/> Missing: _____ | <input type="checkbox"/> Damaged: _____ |
| <input type="checkbox"/> Duplicate: _____ | <input type="checkbox"/> Misprint: _____ |
| <input type="checkbox"/> Other: _____ | |

Insignia identified as Damaged, Misprint, Duplicate, and/or Other must be returned to HCD with this form.

INSIGNIA ADMINISTRATOR: _____ Date: _____
Signature *Print*