

STATE OF CALIFORNIA  
BUSINESS, TRANSPORTATION AND HOUSING AGENCY  
DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT  
DIVISION OF CODES AND STANDARDS  
MANUFACTURED HOUSING PROGRAM

**APPLICATION FOR REPLACEMENT INSIGNIA**

PLEASE REFER TO THE BACK OF THIS FORM FOR INSTRUCTIONS.

SUBMIT THIS COMPLETED APPLICATION WITH THE APPROPRIATE  
REPLACEMENT INSIGNIA FEE TO:

**MANUFACTURED HOUSING PROGRAM**

**P.O. Box 31, Sacramento, CA 95812-0031 (916) 445-3338**

**DEPARTMENT USE ONLY**

DTN \_\_\_\_\_

FEE RECEIVED \$ \_\_\_\_\_

DATE \_\_\_\_\_

\_\_\_\_ APPROVED \_\_\_\_ DISAPPROVED

\_\_\_\_ COMMENTS

\_\_\_\_  
MH Program Technician's Signature

**1** REQUESTING REPLACEMENT OF LOST CALIFORNIA INSIGNIA FOR:  
(Check Appropriate Box)

MOBILEHOME (\*Pre-June 15, 1976 units only)

MULTIFAMILY MANUFACTURED HOME (Duplex mobilehome)

COMMERCIAL MODULAR

SPECIAL PURPOSE COMMERCIAL  
MODULAR

**2** APPLICANT \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

County \_\_\_\_\_

OWNER \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Bus. Phone \_\_\_\_\_

**3** LOCATION OF UNIT IF DIFFERENT THAN ABOVE

**4** UNIT INFORMATION

MANUFACTURER'S NAME \_\_\_\_\_

DATE OF MFG. \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_

DECAL/LICENSE  
NUMBER(S)

SERIAL NUMBER(S)

ORIGINAL CALIFORNIA  
INSIGNIA NUMBER(S)  
(IF KNOWN)

**5** **CERTIFICATION:** AS THE CURRENT OWNER, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO UNAPPROVED ALTERATIONS OR CONVERSIONS\*\* MADE TO THE UNIT(S) FOR WHICH I AM REQUESTING REPLACEMENT CALIFORNIA INSIGNIA.

Current Owner's Signature \_\_\_\_\_

Date \_\_\_\_\_

\* The Department does not replace lost labels issued to manufactured homes constructed under federal Department of Housing and Urban Development (HUD) standards, manufactured on or after June 15, 1976.

\*\* Unapproved alterations may be any changes to the unit requiring inspection approval by the Department; Unapproved alterations or conversions may be those alterations to the unit that convert, replace, reconstruct, modify or remove any equipment or installation affecting the construction, plumbing, fire-life safety, heat-producing or electrical system of the mobilehome, multifamily manufactured home, commercial modular or special purpose commercial modular.



## INSTRUCTIONS

1. Do not write in the section of the application entitled, “**Department Use Only**” appearing on the top right hand corner.
2. Fill in all blank spaces with the requested information. If you do not have the requested information, simply write “Unknown.” Please ensure that you enclose the proper replacement insignia fee.
3. Please ensure that you enclose the proper replacement insignia fee. Payment is expected in the form of a check or money order payable to the “**California Department of Housing and Community Development.**”

### **DO NOT SEND CASH**

4. The fee for replacing California insignia for a mobilehome, multifamily manufactured home, commercial modular or special purpose commercial modular is \$83.00 per insignia (For Example: a singlewide = \$83.00, a doublewide = \$166.00, a triplewide \$249.00, etc.). The fee is applied for Department processing costs and is not refundable. The fee may not be credited to any other requested service.

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### **THINGS TO REMEMBER**

**California Health and Safety Code section 18026 requires that a HUD Label or California insignia be affixed prior to offering for sale, rent or lease. This means that at the time of the title or occupancy transfer:**

- **A replacement insignia must be secured prior to a title transfer request.**
- **If no record of a California insignia record is found by the Department, an inspection may be necessary prior to the issuance of a California insignia.**
- **The Department does not replace lost HUD labels. Contact the HUD Office of Manufactured Housing Programs at 202/708-6423 regarding lost HUD labels.**

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### **IF ASSISTANCE IS NEEDED, PLEASE CONTACT:**

**Manufactured Housing Program**

**(916) 445-3338**