REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY

SECTION 1 - REQUEST FOR HCD INSIGNIA

QUALITY ASSURANCE AGENCY NAME AND ID NO: ____________________________________________________________

ADDRESS: ____________________________________________________________________________________________

TELEPHONE: __________________________________________

INSIGNIA TYPE REQUESTED:

☐ Commercial Modular (CM)  ☐ Special Purpose Commercial Modular (SPCM)

☐ FBH Dwelling Unit Label (orange)  ☐ Multi-Unit Manufactured Home (MUMH)  ☐ FBH Building Component Label (red)

NO. OF INSIGNIA REQUESTED:

No. of MUMH, CM or SPCM insignia Requested: _____________  @ $51.00 ea. = $ ___________________(Total Fees Submitted)

No. of FBH Building Component Label Requested: _____________  @ $5.00 ea. = $ ___________________(Total Fees Submitted)

No. of FBH Dwelling Unit Label Requested: _____________  @ $62.00 ea. = $ ___________________(Total Fees Submitted)

INSIGNIA ADMINISTRATOR: ________________________________________________________________________________

(Sign) (Print) DATE: __________________

SECTION 2 - INSIGNIA SHIPMENT

TYPE SHIPPED:

☐ Commercial Modular (CM)  ☐ Special Purpose Commercial Modular (SPCM)

☐ FBH Dwelling Unit Label (orange)  ☐ Multi-Unit Manufactured Home (MUMH)  ☐ FBH Building Component Label (red)

QUANTITY SHIPPED: ______________ INSIGNIA NO.: ___________________________ THROUGH & INCLUDING NO.: _____________________

ISSUED BY: __________________________________________ DATE: __________________

SECTION 3 - INSIGNIA RECEIVING REPORT

DATE RECEIVED: ___________________________ QUANTITY RECEIVED: ___________________________

INSIGNIA NO.: ___________________________ THROUGH AND 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)

☐ Missing: __________________________________________

☐ Damaged: _________________________________________

☐ Duplicate: _________________________________________

☐ Misprint: _________________________________________

☐ Other: _________________________________________

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

INSIGNIA ADMINISTRATOR: ___________________________ (Sign) (Print) DATE: __________________

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