REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY
HCD-MH 440 (Rev. 06/20)

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: __________________________________________________________________________________ DATE: ________________

(Sign) (Print)

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: ___________________________ [ ] _______________________________________________________________________

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

INSIGNIA ADMINISTRATOR: ________________ ________________________________ DATE: ________________

(Sign) (Print)