HCD – MH 473

HCD – MH 473 Quality Assurance Agency Information:

NOTE: All Monthly Reports are due (postmarked) to the Department by the fifteenth of each month.

- The HCD 473 form is required to be sent to HCD every month. It is a general overview displaying all QAA’s manufacturers currently under contract in that reporting month.
- The 473 form displays a summary of the mfg’s CA production, inspection activity and insignia issuance performed by the mfg & QAA.
- The 473 form is sent to HCD in conjunction with the HCD 441, 442 forms which detail each mfg’s production for each unit type. (CM, SPCM, MUMH, FBH)
- If there has been no activity or no production by one of your client manufacturers, enter each mfg’s name and write “No inspection/insignia issued this month” on the HCD-473 form adjacent to the mfg’s name.
- See 25CCR Chapter 3, Section 4880 for more details.
List ALL CA manufacturers under contract here, even if the mfg has not produced any CA units for the reporting month.

Obtain ID # from MH Program staff
Make sure the manufacturer’s ID number is current & accurate.

If QC Program is not acceptable, Please explain reason in space provided on HCD – MH 442 or 441 form completed for that mfg.
### HCD – MH 473 FORM, CONTINUED

<table>
<thead>
<tr>
<th>Manufacturer’s</th>
<th>Total #</th>
<th>Total Units</th>
<th>Total Units</th>
<th>Total CA</th>
<th>Total Insignia</th>
<th>Total Insignia</th>
<th>Total Insignia</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.D. Number</td>
<td>Inspections</td>
<td>Inspected</td>
<td>Reinspected</td>
<td>Produced</td>
<td>Issued</td>
<td>Assigned</td>
<td>Unassigned</td>
</tr>
</tbody>
</table>

- **Total HCD inspections performed during month by QAA staff**
- **Total # HCD insignia issued to the mfg during the reporting month**
- **Total HCD insignia currently in mfg’s inventory but not assigned or affixed to any particular unit**
- **Total HCD insignia affixed to a particular unit(s). This total shall equal the # listed in the HCD 441/442 forms**

**This is a person identified in your QAA application as responsible for reviewing and verification of all information in the reports, or officer of agency**

### SECTIONS III – CERTIFICATION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Name:  
(Signature)  
(Print)  
Title:  
Date:  

1. Type Unit: MH=commercial coach, CC=commercial truck, RV=recreational vehicle, SPC=commercial special purpose vehicle
2. Refer to the Quality Assurance Agency Monthly Inspection and Insignia Issuance Summary HCD-MH 441/442 and/or HCD-MH 442/442B and Third-Party Inspection Reports.
The 442 form tracks all required inspection activities & insignia issuance performed by QAA staff during the reporting month.

Any time inspections or insignia are issued to an HCD unit, this form must be completed, in conjunction with the HCD-473 form.

Upon completion of all inspection visits to your client mfg during the reporting month, all inspection data needs to be entered into the 442 form.

If a client manufacturer has not produced any CM units for CA sale, and has not received an inspection for compliance to HCD laws/regulations, this form is not required to be submitted to HCD for that manufacturer. (The 473 form, however, is required to be issued each month to HCD, listing all CA manufacturers)

Remember to notify HCD within 10 days of any termination of manufactures’ services, or of any new client manufacturer that the QAA provides services.
HCD –MH 442 FORM
25CCR 4880(i)

- Fill top block with all information as requested. Make sure the mfg. ID # is current. If not sure, call the Department.

- Enter total # of all CA inspections/reinspections conducted, dates of inspections, in spaces provided in Section 2.

- Section 2, line 6 is space provided to notify the Department of any problems in the mfg facility that may affect the QC function or ability of the mfg to produce units complying with the regulations/law.

- Enter information on tests conducted during inspection visit, line 7 & 8.
Enter all data as noted in header

Enter all unit Design Loads - matching the data entered on the insignia - '91 UBC

Occupancy Group - Construction Type as noted on approved plan & same as shown on insignia (B-2, E-2, etc.)

The location the unit was inspected by QAA in facility-floor, roof, etc. station

The sub-panel rating - same as entered on insignia, in Amperes

Note: All Design loads, Occupancy Group classification to be in accordance with the '91 UBC

Enter the complete purchaser name, destination address for each CM unit here. Enter “same” if same address as purchaser

Signed here by responsible QAA representative/Officer

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE, COMPLETE, CORRECT, AND ACCURATE, AND THAT EVERY DETAIL THEREOF IS FAITHFULLY REPORTED AND ENTERED INTO THIS REPORT.

Name

(Signature)

Title

Date

1. Designate "1" if an individual unit (section); if of multisection design, designate M1 - first section, M2 - second section, M3 - third section, etc.
For “Fire Safety” use following abbreviations: E = # of exits, FD = Fire Detectors, FE = Fire Extinguishing System, FS = Flame Spread No. of wall mtrl.

For any Plumbing system installed on the unit, use abbreviations: B = bathtub, L = lavatory, S = sink, T = toilet.
HCD-MH 441 FORM
FOR REPORTING SPCM, FBH, MUMH UNITS ONLY
REFER TO 25 CCR SECTION 4880(f)

- The HCD-MH 441 form is used by QAAs in conjunction with the HCD 473 form. While the 473 form displays inspection and/or insignia activity for all of the QAA’s client manufacturers, the 441 form shows the inspection activity for each individual manufacturer.
- If your client manufacturer has produced a SPCM, MUMH, FBH unit bearing HCD insignia, it must be reported on this form.
- Refer to Title 25, Chapter 3, Section 4880(f) for the applicable regulations.
- Section 1 is required to be completed in its entirety, for each client manufacturer that is reporting inspections and/or insignia issuance. – (CA product only.)
- Section 2 may be only partially completed if the QAI was unable to witness all systems testing.
- Section 3 shall be completed in full, detailing your inspection on each unit and of any HCD insignia affixed.
- Factory-built housing dwellings or building components are listed differently on this form. FBH building components (SIP panels) need not be listed separately (see example on Slide # 12)
**HCD-MH 441FORM**

**FOR REPORTING SPCM, FBH, MUMH UNITS ONLY**

**REFER TO 25 CCR SECTION 4880(f)**

- Completely fill out Section 1 as indicated on form.
- Enter QAA ID# here
- Mfg’s ID # here
- Obtain ID # from HCD only.
- Complete Section 2 as indicated. Show only inspection dates, no. of units inspected, etc., *only* on units designated for CA sale, rent, lease, NOT units that may have been inspected for other States and do not bear HCD insignia.
- Assess Mfg’s QC Program, if there are problems needing attention by HCD in this section or attach separate form.
- Enter any systems tests witnessed on CA units only

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**SECTION 1 - QUALITY ASSURANCE AGENCY/MANUFACTURER INFORMATION**

- QUALITY ASSURANCE AGENCY:
- ADDRESS:
- MANUFACTURER:
- PLANT ADDRESS:

**SECTION 2 - INSPECTION SUMMARY**

1. Number of Inspections Conducted (Include Reinspections)
2. Inspection Dates
3. Number of Units Inspected
4. Number of units Held for Reinspection
5. Number of Units Issued Insignia
6. Assessment of Manufacturer’s QC Program:
   - Acceptable
   - Needs Improvement
   - Explain Reason
7. Number of Tests Witnessed:
   - Gas Piping System-Low Pressure
   - Gas Piping System
   - Dielectric - 12 Volt System
   - Dielectric - 120 or 240 Volt System
   - Polarity
   - Continuity
   - Operational
   - Water Piping System
   - Demand System
   - Waste and Vent System

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9/29/2003
### HCD-MH 441FORM

**PAGE 2 - FOR REPORTING SPCM, FBH, MUMH UNITS**

**REFER TO 25 CCR SECTION 4880(f)**

<table>
<thead>
<tr>
<th>Model name here</th>
<th>Serial no.</th>
<th>Enter both the purchaser's and final site name, address location for Dept. on-site monitoring.</th>
</tr>
</thead>
<tbody>
<tr>
<td>If Mfg is not on a QC Program, and is obtaining complete insp. of each unit, write 100% here.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter location (wall, floor, roof, yard, station etc) the unit was inspected at the facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

1. As permitted by CCR, Title 25, Ch. 3, Section 4871, “Visual” applies only to Recreational Vehicles and Special Purpose Commercial Coaches.

2. Unit Types: M = Multi-Unit Manufactured Housing, TT = Travel or Tent Trailer, MH = Motor Home, TC = Truck Camper or Camper, PT = Park Trailer, SPCM = Special Purpose Commercial Coach, BC = FBH Building Component, BD = FBH Building System.
HCD-MH 441FORM
SPECIAL INSTRUCTIONS FOR REPORTING FBH UNITS ON A 441 FORM

SECTION 3 - INSIGNIA ISSUANCE REPORTING
Recreational Vehicle, Multi-Unit Manufactured Housing, Special Purpose Commercial Coach and Factory Built Housing

QUALITY ASSURANCE AGENCY: ENF Engineering

MANUFACTURER: Slam Dunk
MFG. ID NO.: 65
REPORTING MO. / YEAR: June 97

<table>
<thead>
<tr>
<th>Make and Model (Exactly as on App. For Plan Approved)</th>
<th>Complete Unit Serial Number</th>
<th>ENF Approval No. or “Visual” (100% Insps.)</th>
<th>Unit Type</th>
<th>HCD Insignia Number(s)</th>
<th>Date of Mfg.</th>
<th>Prod. Loc. At Inspection</th>
<th>Name &amp; Address of Purchaser</th>
<th>Destination (Include Complete Address)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>985A</td>
<td>ENF 48</td>
<td>BS</td>
<td>A015298</td>
<td>6/20</td>
<td>Walls</td>
<td>Waldo Homes 169 Main Street</td>
<td>Windsor, CA 92217</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ENF 101</td>
<td>BC</td>
<td>D 555555 thru D 556600</td>
<td>June</td>
<td></td>
<td>Patio Builders 8984 Main Street</td>
<td>Garden, CA 92218</td>
</tr>
</tbody>
</table>

FBH building systems (Orange insignia) must have serial # and be listed on this form separately.

FBH building components (Red insignia) are usually mass-produced, and do not have serial numbers, so a range of insignia produced for the same purchaser, same destination may be shown instead of listing each insignia number individually.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT AND THAT CONTAINED IN ANY AND ALL ATTACHMENTS TO THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

NAME: Joe Agency, P.E.
JOE AGENCY: [blank]
TITLE: Manager
DATE: 6/30/97

1. As permitted by CCR, Title 26, Ch. 3, Section 4878(d), “Visual” applies only to Recreational Vehicles and Special Purpose Commercial Coaches.

2. Unit Type: M = Multi-Unit Manufactured Housing, TT = Travel or Tent Trailer, MH = Motor Home, TC = Truck Camper or Camper, PT = Park Trailer, SPCC = Special Purpose Commercial Coach, BC = FBH Building Component, BS = FBH Building System.
HCD MH 448 FORM
QAA MONTHLY FIRE SPRINKLER INSTALLATION REPORT

- This form is for HCD-QAA's which have a (HUD) manufactured home client manufacturer installing fire sprinkler systems in MH units for sale in CA.
- The QAA must have a Fire Sprinkler contract on file with this manufacturer.
- This form records QAA inspections of all fire sprinkler systems within the reporting month.
- Sections I and II are completed as noted, similar to other HCD forms.
- Section III, note total # of homes inspected during reporting month.
- Section II, list all other information as noted on form.
- NOTE: This form is also used for Multi-Unit Manufactured Home construction that contains fire-sprinkler system installation. Use the abbreviations to designate the difference on the form.

9/29/2003
This form describes all DAA activities performed for your HCD clients currently under contract for DAA services.

Complete Section 1 in its entirety each month, regardless of activity or lack of activity of your clients.

If none of your DAA clients have submitted plans, manuals for approval or amendment, write “No DAA Activity this month” across Section II.

If any plans, manuals were approved during the reporting month, list them separately in the corresponding columns below this header.

Example:

- Fire Sprinkler Plans only
- Metal Build CC 2 1
• This side is a continuation of the front of the 472 form, allowing a continuous list of client mfgs reporting DAA activity in the reporting period.

• Shown here is an example of a report of 2 commercial modular plans & 1 QC manual approved by the DAA

• QAAs are to send a check for the total monitoring fees to the MH Program Administrative Office, PO Box 31, Sacramento, CA 95812-0031. Attach the check to the 472 form.

• QAAs are to make a copy of the 472 form & attach it to the stamped plans or QC manual copies, amended plans, etc., & forward to the HCD Northern Area Office, PO Box 1407, Sacramento CA 95812 for plan monitoring.

9/29/2003
HCD-MH 440 Form
Request for Insignia

- This form is used to order a supply of insignia from HCD.
- QAA fills out Section 1, sign, attach calculated fees and mail to HCD MH Program Office, PO Box 31, Sacramento CA 95812-0031
- MH Program staff fills out Section 2, mails to QAA. If QAA has special mailing request, overnight, etc, provide account #, mailer and instructions to Program staff.

- QAA insignia administrator checks insignia shipment for error, damage, completes Section 3, signs and returns to HCD.

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**SECTION 1 - REQUEST FOR HDC 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:
  - 100 @ $48.00 ea. = $4,800 (Total Fees Submitted)
  - No. of FBH Building Component Label Requested:
  - @ .85 Cents ea. = $ (Total Fees Submitted)
- **INSIGNIA ADMINISTRATOR:**
  - [Sign] (Sign) [Date: 12-23-02]

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**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
- **QUANTITY SHIPPED:**
- **INSIGNIA NO.:**
- **THROUGH & INCLUDING NO.:**
- **ISSUED BY:**
- **DATE:**

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**SECTION 3 - INSIGNIA RECEIVING REPORT**

- **DATE RECEIVED:**
- **QUANTITY RECEIVED:**
- **INSIGNIA NO.:**
- **THROUGH AND INCLUDING NO.:**
- **I have carefully inspected this shipment of HDC Insignia and certify that all insignia received are in satisfactory condition and are correct as indicated in Section 2, except as follows:**
  - [ ] Missing:
  - [ ] Damaged:
  - [ ] Duplicate:
  - [ ] Misprint:
  - [ ] Other:
- **ENTER ANY INSIGNIA NUMBER(S) AFFECTED:**
  - [ ] Missing:
  - [ ] Damaged:
  - [ ] Duplicate:
  - [ ] Misprint:
  - [ ] Other:
- **Insignia identified as Damaged, Misprint, Duplicate, and/or Other must be returned to HDC with this form.**

- **INSIGNIA ADMINISTRATOR:**
  - [Sign] (Sign) [Date: ]

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HCD-MH 440 (Rev. 11/02)
THIRD-PARTY AGENCY/MANUFACTURER CONTRACT
See 25CCR, Section 4874

- All QAAs, DAAs must execute written contracts with clients that they will provide HCD services for.
- QAA/DAAs shall send a copy of the contract to HCD within 10 days of execution OR within 10 days of termination of QAA/DAA services with a manufacturer.
- The contracts are the key document that notifies the MH Program staff that a relationship has been either established or discontinued between two parties.
- Contracts MUST BE KEPT CURRENT in order for the monthly report data to be accepted into the HCD database. Insignia/inspection data entered into the HCD database searches for a relationship between the manufacturer & third party agency.
- If HCD is not notified of a new contract OR a contract termination, the database will prompt the MH Program staff that there is no contract between the QAA/DAA and the manufacturer for that time period.
THIRD-PARTY AGENCY/MANUFACTURER CONTRACT
See 25CCR, Section 4874

- Copies of contracts shall be forwarded to HCD within 10 days of signing contract agreement for QAA/DAA services, or for the termination of those services.
- Use this form as a cover letter to your contract copy that is submitted to HCD.
- This form contains important information that HCD staff enters into the database, and must be accurate.
- Remember to also notify us within 10 days of any contract terminations!
- Contact HCD to obtain blank copies of this form, or develop your own.

<table>
<thead>
<tr>
<th>NOTICE OF THIRD-PARTY CONTRACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pursuant to Title 25, CCR §4874 third-party entities and manufacturers shall execute written contracts describing all services to be rendered by the third-party. A copy of each contract, or contract cancellation shall be transmitted to the department within 10 days of the effective date of the contract or contract termination. Please attach this completed form along with your standard contract submital, or use this notice as a contract termination notice to HCD.</td>
</tr>
</tbody>
</table>

1. THIRD-PARTY AGENCY NAME__________________________
2. THIRD-PARTY AGENCY ID NUMBER______________________
3. MANUFACTURER’S LEGAL NAME_______________________
4. MANUFACTURER’S BUSINESS NAME (if different from above)________________________
5. MANUFACTURES PHYSICAL ADDRESS:__________________

6. THE MANUFACTURER INTENDS TO PRODUCE THE FOLLOWING UNIT TYPES:
   - Commercial Coach
   - Special Purpose Commercial Coach
   - Multi-Unit Manufactured Housing
   - Manufactured Homes – Fire Sprinkler System installation
   - Factory-Built Housing

7. THE THIRD-PARTY AGENCY WILL PROVIDE THE FOLLOWING SERVICES:
   - QAA
   - DAA

8. EFFECTIVE DATE OF THIS CONTRACT IS:__________________
9. EFFECTIVE DATE QAA OR DAA SERVICES WERE TERMINATED:__________________
10. REASON FOR CONTRACT TERMINATION:__________________

PRINT NAME OF THIRD-PARTY REPRESENTATIVE:__________________

SIGNATURE ___________________________ DATE ____________________

REVISED: AUGUST ’01
MANUFACTURER CERTIFICATE OF ORIGIN (MCO) 
HCD 483.0 FORM

- NOTE: The MCO document information is presented for your information only and is not part of the QAA/DAA monthly report submitted to HCD.
- The MCO document is a form required to be completed by HCD MANUFACTURERS, DEALERS only.
- MCOs are meant to be the “Birth-Certificate” for MH, CM structures, recording the mfg, dealer names, addresses & license numbers, lender’s name, insignia number & other details of each unit.
- HCD-Licensed manufacturers are required to complete this form, for all (HUD) Manufactured Homes, (HCD) Multi-Unit Manufactured Homes, and Commercial Modular units. MCOs are submitted to HCD upon release of the units from the factory.
- MCOs are NOT to be used for SPCM or FBH units.
- Each MCO document, like the HCD insignia, are a controlled and numbered item individually assigned to each licensed manufacturer & dealer.
Commercial Modular Insignia

Design Load information- Required all units

Electrical Panel Rating (In amperes) If installed

Type of plumbing fixture, if installed.
T= toilet, L= lavatory, S= sink, B= bathtub or shower

Serial no., required info., filled-in by 3rd-party agency or mfg.

Occupancy group/type from '91 UBC- required info.

Mechanical equipment, If installed:
AC= air conditioning
H= heating equipment

Fire Safety:
E= # of exit doors on unit
FS= interior flame spread rating
FE= fire extinguishing equip
FD= fire detector devices installed on this unit