



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

**DEPARTMENT USE ONLY**

DTN \_\_\_\_\_

Fee Rec'd \_\_\_\_\_

Date \_\_\_\_\_

**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: \_\_\_\_\_

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

INSIGNIA ADMINISTRATOR: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Sign) (Print)