

**APPLICATION FOR REPLACEMENT INSIGNIA**

PLEASE SEE INSTRUCTIONS ON THE REVERSE SIDE OF THIS FORM

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

HCD MANUFACTURED HOUSING PROGRAM  
P.O. Box 278180, Sacramento, CA 95827-8180  
(800) 952-8356 [ContactMH-FBH@hcd.ca.gov](mailto:ContactMH-FBH@hcd.ca.gov)  
HCD MH 416 (Rev. 10/23)

DTN: \_\_\_\_\_  
FEE RECEIVED: \$ \_\_\_\_\_  
DATE: \_\_\_\_\_  
APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_  
COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
*MH PROGRAM TECHNICIAN'S SIGNATURE*

**Section 1: TYPE OF UNIT**

**I AM REQUESTING REPLACEMENT OF LOST CALIFORNIA INSIGNIA FOR:** (Check the appropriate box)

- Mobilehome (\*Pre-June 1976 units only)
- Multifamily Manufactured Home (Duplex mobilehome)
- Commercial Modular
- Special Purpose Commercial Modular

\* HCD does not replace lost labels issued to manufactured homes constructed under federal (HUD) standards, manufactured on or after June 15, 1976.

**Section 2: APPLICANT AND OWNER INFORMATION**

<b>APPLICANT:</b> _____	<b>OWNER:</b> _____
Address: _____	Address: _____
City, State Zip: _____	City, State Zip: _____
Telephone: _____	Telephone: _____
County: _____	Bus. Phone: _____
Email: _____	Email: _____

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

**Section 4: UNIT INFORMATION**

Manufacturer's Name: \_\_\_\_\_

Date of Mfg: \_\_\_\_\_ Make/Model: \_\_\_\_\_

Decal / License Number(s):	Complete Serial Number(s):	California Insignia Number(s):
_____	_____	_____
_____	_____	_____

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

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



## INSTRUCTIONS FOR COMPLETING FORM HCD MH 416

1. Do not write in the section of the application titled “**Department Use Only**” in the top right corner.
2. Fill in all blank spaces with the requested information. If you do not have the requested information, write “Unknown.”
3. Please ensure you enclose the proper replacement insignia fee. Payment can be accepted by check or money order payable to “**California Department of Housing and Community Development.**” **DO NOT SEND CASH.**
4. The fee for replacing California insignia for a mobilehome / manufactured home, multifamily manufactured home, commercial modular, or special purpose commercial modular is **\$83** per insignia. For example: a singlewide = \$83; a doublewide = \$166; a triplewide = \$249, etc. The fee is applied toward the processing cost and is not refundable if this application is subsequently withdrawn. The fee may not be credited to any other requested service.

## REMINDERS

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, a compliance inspection may be necessary prior to the issuance of 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.

## IF ASSISTANCE IS NEEDED, PLEASE CONTACT:

HCD Manufactured Housing Program

(800) 952-8356

[ContactMH-FBH@hcd.ca.gov](mailto:ContactMH-FBH@hcd.ca.gov)