

MANUFACTURED HOUSING INSTALLATION APPLICATION
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
 SFN 58353 (03/11)

<p>CERTIFIED INSPECTOR</p> <p>APPLICATION FOR INSTALLATION AUTHORIZATION, INSPECTION, AND INSIGNIA</p> <p>Date of Application _____</p>

INSTALLER INFORMATION: CHECK ONE AND FILL OUT THAT SECTION ONLY					
<input type="checkbox"/> Owner Installation			<input type="checkbox"/> Registered Installation		
Owner Name			Registered Installer ID Number		
Mailing Address			Name		
City	State	Zip	Phone	Fax	Cell
Phone	Fax	Cell	Owner's Name		

LOCATION INFORMATION			
Approximate Set Date		Site Address	
County	City	State	Zip

UNIT INFORMATION			
Dealer's Name	Dealer's Phone	HUD Label	Serial Number

Inspection Fee	Insignia Fee (per insignia)	Total
Name on Check	Check Number	Insignia Number
Insignia Installed	Inspector	

NOTIFY CERTIFIED INSPECTOR IN ADVANCE FOR INSPECTION
