WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION AND SAFETY STANDARDS BOARD

1900 Kanawha Boulevard East - State Capitol Complex - Building 3, Room 200 - Charleston, West Virginia 25305 Telephone: (304) 558-7890 Licensing@wv.gov Facsimile: (304) 558-2447

MANUFACTURER QUARTERLY REPORT

QUARTER BEGINNING:	QUARTER ENDING:	DUE DATE:	
MANUFACTURER INFORMATION TOTAL FLOORS SHIPPED THIS QUARTER _		ure to file quarterly reports by the due in disciplinary sanctions pursuant to .	
	 Date	Signature Title	
		Signature True	
DEALER:		West Virginia Manufactured Housing License #: WV00	
ADDRESS:	CITY:	STATE : ZIP:	
HUD LABEL #:	MFG. SERIAL #:		
DATE UNIT COMPLETED:		TYPE: SINGLE MULTI	
DEALER:		West Virginia Manufactured Housing License #: WV00	
ADDRESS:	CITY:	STATE : ZIP:	
HUD LABEL #:	MFG. SERIAL #:		
DATE UNIT COMPLETED:		TYPE: SINGLE MULTI	
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HUD LABEL #:	MFG. SERIAL #:		
DATE UNIT COMPLETED:		TYPE: SINGLE MULTI	

PAGE 2 - MANUFACTURERS QUARTERLY REPORT West Virginia Manufactured DEALER: Housing License #: WV00 ____ CITY: STATE: ZIP: ADDRESS: _____ MFG. SERIAL #: ___ TYPE: _____ SINGLE ____ MULTI DATE UNIT COMPLETED: ___ West Virginia Manufactured Housing License #: WV00 ____ ADDRESS: _____ CITY: ____ STATE: ___ ZIP: ____ HUD LABEL #: _____ MFG. SERIAL #: ____ TYPE: _____ SINGLE ____ MULTI DATE UNIT COMPLETED: _____ West Virginia Manufactured DEALER: __ _____ Housing License #: WV00 ___ _____ CITY: _____ STATE : ____ ZIP: ___ ADDRESS: __ _____ MFG. SERIAL #: ____ TYPE: _____ SINGLE ____ MULTI West Virginia Manufactured Housing License #: WV00 ___ _____ CITY: _____ STATE: ____ ZIP: ____ _____ MFG. SERIAL #: ____ HUD LABEL #: ___ DATE UNIT COMPLETED: TYPE: _____ SINGLE ____ MULTI West Virginia Manufactured DEALER: _____ Housing License #: WV00 _____ ADDRESS: _____ CITY: ____ STATE: ___ ZIP: ____ HUD LABEL #: ___ _____ MFG. SERIAL #: ____ TYPE: _____ SINGLE ____ MULTI DATE UNIT COMPLETED: West Virginia Manufactured __ Housing License #: WV00 ___ _____ CITY: _____ STATE : ____ ZIP: ____ HUD LABEL #: _ ____ MFG. SERIAL #: ___ DATE UNIT COMPLETED: ___ TYPE: _____ SINGLE ____ MULTI West Virginia Manufactured DEALER: ____ Housing License #: WV00 ____

ADDRESS: _____ STATE: ____ ZIP: ____

TYPE: _____ SINGLE ____ MULTI

HUD LABEL #: _____ MFG. SERIAL #: ____

DATE UNIT COMPLETED: __