

# Damaged Label Report IPIA/Manufacturer

*(to be used when returning labels)*

U.S. Department of Housing and Urban Development  
Office of Regulatory Affairs and Manufactured Housing

OMB Approval No. 2502-0233  
expires 10/31/2006

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Part 3282 Section 362 requires the Production Inspection Primary Inspection Agency (IPIA) to replace damaged certification labels, and Section 501 authorizes the Secretary to take such actions to oversee the system as the Secretary deems appropriate. The information collected here will be used by IPIAs and manufacturers to report damaged labels removed from manufactured homes. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time reviewing the instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory under 42 U.S.C. 5413(c)(3). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

## Damaged Labels

*(to be completed by manufacturer)*

The following manufactured home certification labels have been damaged and are enclosed. Damaged certification labels include those on units wrecked in transit.

Quantity: \_\_\_\_\_ certification labels. Date certification label affixed to unit \_\_\_\_\_

Damaged certification label numbers \_\_\_\_\_ through and including \_\_\_\_\_ (mm/dd/yyyy)

New certification label number affixed to unit (serial number) \_\_\_\_\_

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## Assignment of Replacement Labels By IPIA to Manufacturer

*(to be completed by IPIA)*

The following certification label number must be assigned to the specific facility identified above.

IPIA \_\_\_\_\_

Quantity: \_\_\_\_\_ labels.

Label certification numbers \_\_\_\_\_ through and including \_\_\_\_\_

IPIA Authorized Label Administrator \_\_\_\_\_ Date \_\_\_\_\_

(signature)

(mm/dd/yyyy)

**Distribution**  
Original - HUD's Contracting Agent  
Copies to: IPIA  
Manufacturer