

Refunds Due Manufacturer

(Unused 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 501 authorizes the Secretary to take such actions to oversee the system as the Secretary deems appropriate. The information collected here will be used to refund manufacturers for unused certification labels as paid according to Section 210. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing 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)

Refunds

(to be completed by manufacturer)

We hereby request that our IPIA, _____, for the above manufacturing facility, advise HUD's contracting agent that we have returned the following manufactured home certification labels. These labels have never been affixed to a manufactured home.

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

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Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Total Labels Returned: _____ x \$24.00 = \$ _____

The above designated certification labels are being returned because:

- The facility has been closed effective: _____ (mm/dd/yyyy)
- The facility's IPIA has been changed to: _____, effective _____ (mm/dd/yyyy)
- Other: _____

IPIA Verification of Credit Due Manufacturer

(to be completed by IPIA)

The above designated manufactured home certification labels were received by our office on _____ (mm/dd/yyyy). This report and the labels have been analyzed and found to be accurate.

The labels (will be/will not be) reassigned. The refund due will be credited to _____ (manufacturer label code) or refund needed from HUD.

IPIA Authorized Label Administrator: _____ (signature) Date: _____ (mm/dd/yyyy)

HUD Refund Processing

(by contracting agent)

Date received _____ (mm/dd/yyyy) Received and forwarded to HUD Date: _____ (mm/dd/yyyy) by _____

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