

# Adjustment Report Monthly Production Report

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. This form requires the manufacturer to report any adjustments to previously submitted monthly production reports. The information collected here will be used to request certification labels from the Secretary and confirm the receipt of the certification labels as required under these regulations. 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) |  |
| Report for month of (mm/yyyy) | IPIA            |                   |  |

## Section I (to add an unreported unit)

| Certification Label Number<br>(include all zeros and agency prefix) | Manufacturer's M/H ID or Serial Numbers | Date of Manufacture<br>(mm/dd/yyyy) | First shipping destination information |      |       |          | Type of Unit<br>(*see below) |
|---|---|-------------------------------------|--|------|-------|----------|------------------------------|
|   |   |                                     | Dealer's Name                          | City | State | Zip Code |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |

## Section II (to correct previously reported information)

| Certification Label Number<br>(include all zeros and agency prefix) | Manufacturer's M/H ID or Serial Numbers | Date of Manufacture<br>(mm/dd/yyyy) | Previous information | Correction | Type of Unit<br>(*see below) |
|---|---|-------------------------------------|----------------------|------------|------------------------------|
|   |   |                                     |                      |            |                              |
|   |   |                                     |                      |            |                              |
|   |   |                                     |                      |            |                              |
|   |   |                                     |                      |            |                              |

## Section III (to be completed for open destinations)

| Certification Label Number<br>(include all zeros and agency prefix) | Manufacturer's M/H ID or Serial Numbers | Date of Manufacture<br>(mm/dd/yyyy) | First shipping destination information |      |       |          | Type of Unit<br>(*see below) |
|---|---|-------------------------------------|--|------|-------|----------|------------------------------|
|   |   |                                     | Dealer's Name                          | City | State | Zip Code |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |
|   |   |                                     |  |      |       |          |                              |

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

**\*Type of Unit:**  
Single-wide Unit (S)  
Multi-wide Unit 1st Section (M1)  
Multi-wide Unit 2nd Section (M2)  
Multi-wide Unit 3rd Section (M3)