

Request and Payment for Labels

U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs

OMB Approval No. 2502-0233
expires 04/30/2016

The Manufactured Housing Procedural and Enforcement Regulations, 24 CFR Part 3282, require manufacturers to report certification label usage on a monthly basis. The information collected here will be used in conjunction with reporting home distribution, collecting fees, and reimbursing parties as appropriate 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. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

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

Manufacturer's Request

(to be completed by manufacturer)

We hereby request that our IPIA, _____, for the above manufacturing facility issue _____ (quantity) manufactured home certification labels.

Total number of labels requested X \$100.00 _____ (Fee/Label)* = \$

Credit adjustment (include Form 303 with credit) - \$

Check amount \$

Check number _____ dated _____
(mm/dd/yyyy)

Checks must be made payable to Department of Housing and Urban Development.

IPIA Assignment of Label Numbers

(to be completed by IPIA)

The following unissued certification label numbers are assigned to the specific facility identified above.

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

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

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

Total Number of Labels Issued _____ X \$100.00 _____ (Fee/Label)* = \$ _____

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

Tender payment through Pay.gov and send copy of form and payment receipt.

Distribution
Original - HUD's Monitoring Contractor
Copies to: IPIA
Manufacturer