



Manufactured Dwelling and Cabana Installer's Monthly Certification Tag Report

Department of Consumer and Business Services
Building Codes Division • Statewide Services
 P.O. Box 14470, Salem, OR 97309-0404
 503-378-4133 • SWS Fax: 503-378-4101

REPORT FOR	
Month:	
Year:	

INCOMPLETE REPORTS WILL NOT BE ACCEPTED

INSTALLER INFORMATION (Required)							
Installer name:			Email address:			Phone:	
TAG REPORT							
MANUFACTURER ID: FWO-Fleetwood GWO-Golden West ML-Marlette PH-Palm Harbor SLO-Skyline OOB-Other							
1.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address		City	County	
2.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address		City	County	
3.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address		City	County	
4.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address		City	County	



I understand that failure to report or falsifying a report may result in loss of license, and incomplete reports may be returned for completion and may delay tag shipment. I hereby certify that each certification tag used has been properly reported for the month in which it was used and the information contained in this report, to the best of my knowledge, is correct.

Signature: _____ Date: _____

MANUFACTURER ID: FWO-Fleetwood GWO-Golden West ML-Marlette PH-Palm Harbor SLO-Skyline OOB-Other

5.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
6.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
7.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
8.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
9.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
10.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
11.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	
12.	Certification tag no.	HUD no.	Mfr. Serial no.	Mfr. ID	Dealer	Date install completed	Work performed <input type="checkbox"/> New home install <input type="checkbox"/> Used home install <input type="checkbox"/> Skirting install <input type="checkbox"/> Tie downs
	No. of stories <input type="checkbox"/> 1 <input type="checkbox"/> 2	No. of floors/sections <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4+	Site address			City	