



Manufactured Dwelling & Cabana Installer's Monthly Certification Tag Report

Department of Consumer & Business Services
Building Codes Division • Statewide Inspection Services
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REPORT FOR	
Month:	
Year:	
Page	of
COM no.:	

Incomplete reports will not be accepted.

INSTALLER INFORMATION							
Installer name:			Mailing address:			Phone:	
MANUFACTURER				WORK PERFORMED			
Use code from below to indicate manufacturer:				The following key corresponds to the abbreviations in the work performed column.			
AHI: American Homestar ID	FQ: Fuqua	KIT: Kit Mfg.	RMO: Redman OR	Sp: Stand preparation	Vv: Ventilation and vapor barrier		
AHO: American Homestar OR	GWO: Golden West OR	LB: Liberty	SCC: Silvercrest CA	Fs: Foundation support system	Sr: Steps, ramps, and/or landings		
CH: Champion	GUI: Guerdon ID	ML: Marlette	SCO: Silvercrest OR	Sc: Structural connections	Mc: Mechanical connections		
FWC: Fleetwood CA	GUO: Guerdon OR	MD: Moduline	SLC: Skyline CA	As: Anchoring system	Pc: Plumb. connections and tests		
FWI: Fleetwood ID	HB: Homebuilders NW	NA: Nashua	SLO: Skyline OR	Su: Skirting and underfloor access	Ec: Elect. connections and tests		
FWO: Fleetwood OR	KAC: Karston CA	PH: Palm Harbor	SU: Summit CO	Check the box of work performed			
FWW: Fleetwood WA	KAO: Karston OR	RMI: Redman ID	VA: Valley				
1.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed
	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 <input type="checkbox"/> 5	Owner's name		City		<input type="checkbox"/> Sp <input type="checkbox"/> Fs <input type="checkbox"/> Sc <input type="checkbox"/> As <input type="checkbox"/> Su <input type="checkbox"/> Vv <input type="checkbox"/> Sr <input type="checkbox"/> Mc <input type="checkbox"/> Pc <input type="checkbox"/> Ec
2.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed
	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 <input type="checkbox"/> 5	Owner's name		City		<input type="checkbox"/> Sp <input type="checkbox"/> Fs <input type="checkbox"/> Sc <input type="checkbox"/> As <input type="checkbox"/> Su <input type="checkbox"/> Vv <input type="checkbox"/> Sr <input type="checkbox"/> Mc <input type="checkbox"/> Pc <input type="checkbox"/> Ec
3.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed
	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 <input type="checkbox"/> 5	Owner's name		City		<input type="checkbox"/> Sp <input type="checkbox"/> Fs <input type="checkbox"/> Sc <input type="checkbox"/> As <input type="checkbox"/> Su <input type="checkbox"/> Vv <input type="checkbox"/> Sr <input type="checkbox"/> Mc <input type="checkbox"/> Pc <input type="checkbox"/> Ec

Failure to report or falsifying a report may result in loss of license. Incomplete reports may be returned for completion and may delay shipment of additional tags.



440-2507 (6/06/COM/WEB)

I hereby certify that each certification tag used has been properly reported for the month it was used and the information contained in this report, to the best of my knowledge, is correct.

Signature: _____ License no.: _____ Date: _____

4.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
5.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
6.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
7.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
8.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
9.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
10.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
11.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc
12.	Certification tag no.	Manufacturer name	Mfr. serial no.	County	Dealer	Date installed	Work performed									
	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 <input type="checkbox"/> 5	Owner's name			City		<input type="checkbox"/> Sp	<input type="checkbox"/> Fs	<input type="checkbox"/> Sc	<input type="checkbox"/> As	<input type="checkbox"/> Su	<input type="checkbox"/> Vv	<input type="checkbox"/> Sr	<input type="checkbox"/> Mc	<input type="checkbox"/> Pc