

**WEST VIRGINIA MANUFACTURED HOUSING CONSTRUCTION
AND SAFETY STANDARDS BOARD**

Room B-749, Building 6 - Capitol Complex Charleston, West Virginia 25305
Telephone: 304 - 558 - 7890

DEALER QUARTERLY REPORT

QUARTER BEGINNING:

QUARTER ENDING:

DUE DATE:

Name:
Address:
License #:

NOTICE: Failure to file quarterly reports by the due date will result in disciplinary sanctions pursuant to 42 CSR 19 § 15.

DEALER INFORMATION

| | Date | Signature | Title |
|--|--|------------------|-------|
| <hr/> | | | |
| PURCHASER: _____ | ADDRESS: _____ | | |
| HUD LABEL #: _____ | SERIAL #: _____ | | |
| MANUFACTURER: _____ | WV MANUFACTURED HOUSING LICENSE #: WV00 _____ | | |
| INSTALLER: _____ | INSTALLATION DATE: _____ WV MANUFACTURED HOUSING LICENSE #: WV00 _____ | | |
| ADDRESS: _____ | | TELEPHONE: _____ | |
| UNIT: ___ NEW ___ USED / TYPE: ___ SINGLE ___ DOUBLE ___ TRIPLE / PURCHASE DATE: _____ | | | |

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