

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

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

MANUFACTURER 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.

MANUFACTURER INFORMATION

TOTAL FLOORS SHIPPED THIS QUARTER _____

| Date | Signature | Title |
|------|-----------|-------|
|------|-----------|-------|

DEALER: _____ West Virginia Manufactured Housing License #: **WV00** _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HUD LABEL #: _____ MFG. SERIAL #: _____

DATE UNIT COMPLETED: _____ TYPE: _____ SINGLE _____ DOUBLE _____ TRIPLE

DEALER: _____ West Virginia Manufactured Housing License #: **WV00** _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HUD LABEL #: _____ MFG. SERIAL #: _____

DATE UNIT COMPLETED: _____ TYPE: _____ SINGLE _____ DOUBLE _____ TRIPLE

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ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HUD LABEL #: _____ MFG. SERIAL #: _____

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PAGE 2 - MANUFACTURERS QUARTERLY REPORT

DEALER: _____ West Virginia Manufactured
Housing License #: **WV00** _____

ADDRESS: _____ CITY: _____ STATE : _____ ZIP: _____

HUD LABEL #: _____ MFG. SERIAL #: _____

DATE UNIT COMPLETED: _____ TYPE: ___ SINGLE ___ DOUBLE ___ TRIPLE

DEALER: _____ West Virginia Manufactured
Housing License #: **WV00** _____

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HUD LABEL #: _____ MFG. SERIAL #: _____

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HUD LABEL #: _____ MFG. SERIAL #: _____

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