APPLICATION FOR REPLACEMENT INSIGNIA
PLEASE REFER TO THE BACK OF THIS FORM FOR INSTRUCTIONS.

SUBMIT THIS COMPLETED APPLICATION WITH THE APPROPRIATE REPLACEMENT INSIGNIA FEE TO:
MANUFACTURED HOUSING PROGRAM
P.O. Box 31, Sacramento, CA 95812-0031 (916) 445-3338

DTN _____________________________
FEE RECEIVED $ _________________
DATE ____________________________
_____ APPROVED _____ DISAPPROVED
______________________ COMMENTS
MH Program Technician's Signature

REQUESTING REPLACEMENT OF LOST CALIFORNIA INSIGNIA FOR:
(Complete Application)

☐ MOBILEHOME (*Pre-June 15, 1976 units only)
☐ COMMERCIAL MODULAR
☐ MULTIFAMILY MANUFACTURED HOME (Duplex mobilehome)
☐ SPECIAL PURPOSE COMMERCIAL MODULAR

APPLICANT ____________________________
Address ____________________________
City/State/Zip _______________________
Telephone __________________________
County ______________________________

OWNER ____________________________
Address ____________________________
City/State/Zip _______________________
Telephone __________________________
Bus. Phone __________________________

LOCATION OF UNIT IF DIFFERENT THAN ABOVE

UNIT INFORMATION
MANUFACTURER'S NAME______________________________
DATE OF MFG. ________________ MAKE/MODEL ____________________________
DECAL/LICENSE NUMBER(S) ____________________________ SERIAL NUMBER(S) ____________________________
ORIGINAL CALIFORNIA INSIGNIA NUMBER(S)
(If Known) ________________ ____________________________

CERTIFICATION: AS THE CURRENT OWNER, I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO UNAPPROVED ALTERATIONS OR CONVERSIONS** MADE TO THE UNIT(S) FOR WHICH I AM REQUESTING REPLACEMENT CALIFORNIA INSIGNIA.
Current Owner's Signature ____________________________
Date ____________________________

* The Department does not replace lost labels issued to manufactured homes constructed under federal Department of Housing and Urban Development (HUD) standards, manufactured on or after June 15, 1976.

** Unapproved alterations may be any changes to the unit requiring inspection approval by the Department; Unapproved alterations or conversions may be those alterations to the unit that convert, replace, reconstruct, modify or remove any equipment or installation affecting the construction, plumbing, fire-life safety, heat-producing or electrical system of the mobilehome, multifamily manufactured home, commercial modular or special purpose commercial modular.

HCD 416 (Rev 10/12)
INSTRUCTIONS

1. Do not write in the section of the application entitled, “Department Use Only” appearing on the top right hand corner.

2. Fill in all blank spaces with the requested information. If you do not have the requested information, simply write “Unknown.” Please ensure that you enclose the proper replacement insignia fee.

3. Please ensure that you enclose the proper replacement insignia fee. Payment is expected in the form of a check or money order payable to the “California Department of Housing and Community Development.”

DO NOT SEND CASH

4. The fee for replacing California insignia for a mobilehome, multifamily manufactured home, commercial modular or special purpose commercial modular is $83.00 per insignia (For Example: a singlewide = $83.00, a doublewide = $166.00, a triplewide $249.00, etc.). The fee is applied for Department processing costs and is not refundable. The fee may not be credited to any other requested service.

THINGS TO REMEMBER

California Health and Safety Code section 18026 requires that a HUD Label or California insignia be affixed prior to offering for sale, rent or lease. This means that at the time of the title or occupancy transfer:

- A replacement insignia must be secured prior to a title transfer request.
- If no record of a California insignia record is found by the Department, an inspection may be necessary prior to the issuance of a California insignia.
- The Department does not replace lost HUD labels. Contact the HUD Office of Manufactured Housing Programs at 202/708-6423 regarding lost HUD labels.

IF ASSISTANCE IS NEEDED, PLEASE CONTACT:
Manufactured Housing Program
(916) 445-3338