



STATE OF CALIFORNIA
 DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT
 DIVISION OF CODES AND STANDARDS
 P.O. Box 31, Sacramento, CA 95812-0031
 (916) 445-3338

DEPARTMENT USE ONLY

DTN _____

Fee Rec'd _____

Date _____

REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY

SECTION 1 - REQUEST FOR HCD INSIGNIA

QUALITY ASSURANCE AGENCY NAME AND ID NO: _____

ADDRESS: _____ TELEPHONE: _____

INSIGNIA TYPE REQUESTED: Commercial Modular (CM) Special Purpose Commercial Modular (SPCM)
 FBH Dwelling Unit Label (orange) Multi-Unit Manufactured Home (MUMH) FBH Building Component Label (red)

NO. OF INSIGNIA REQUESTED:

No. of MUMH, CM or SPCM insignia Requested: _____ @ \$51.00 ea. = \$ _____ (Total Fees Submitted)

No. of FBH Building Component Label Requested: _____ @ \$5.00 ea. = \$ _____ (Total Fees Submitted)

No. of FBH Dwelling Unit Label Requested: _____ @ \$62.00 ea. = \$ _____ (Total Fees Submitted)

INSIGNIA ADMINISTRATOR: _____ (Sign) _____ (Print) DATE: _____

SECTION 2 - INSIGNIA SHIPMENT

TYPE SHIPPED: Commercial Modular (CM) Special Purpose Commercial Modular (SPCM)
 FBH Dwelling Unit Label (orange) Multi-Unit Manufactured Home (MUMH) FBH Building Component Label (red)

QUANTITY SHIPPED: _____ INSIGNIA NO.: _____ THROUGH & INCLUDING NO.: _____

ISSUED BY: _____ DATE: _____

SECTION 3 - INSIGNIA RECEIVING REPORT

DATE RECEIVED: _____ QUANTITY RECEIVED: _____

INSIGNIA NO.: _____ THROUGH AND INCLUDING NO.: _____

I have carefully inspected this shipment of HCD Insignia and certify that all insignia received are in satisfactory condition and are correct as indicated in Section 2, except as follows:

(ENTER ANY INSIGNIA NUMBER(S) AFFECTED)

Missing: _____ Damaged: _____
 Duplicate: _____ Misprint: _____
 Other: _____

Insignia identified as Damaged, Misprint, Duplicate, and/or Other must be returned to HCD with this form.

INSIGNIA ADMINISTRATOR: _____ (Sign) _____ (Print) DATE: _____