REQUEST FOR INSIGNIA BY QUALITY ASSURANCE AGENCY
HCD-MH 440 (Rev. 06/20)

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: __________________________________________________ DATE: ________________
(Sign) (Print)

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: __________________________ DATE: __________________________
(Sign) (Print)