



Commonwealth of Massachusetts

Manufactured Buildings Program - Application for Renewal of Manufacturer's Certification

780 CMR 110.R3 - *The Rules and Regulations for Manufactured Buildings, Building Components and Manufactured Homes* requires manufacturers of buildings, building components and homes to be certified (as approved) in order to ship product into the Commonwealth of Massachusetts. This application shall be completed annually to renew said certification. Please complete this application fully. If you have any questions regarding the application process, please call (617) 826-5225.

Name of Manufacturer:					
Date of Application:	Amount of Renewal Fee: \$650.00	Check #			
Corporate Headquarters:					
Contact Person:			Name of General Manager:		
Address:					
E Mail:					
Telephone:	()	Fax:	()	Email:	

Provide all information pertaining to each manufacturing plant as requested below. Please list each plant separately.

Name of Plant #1:			Comm. of Mass MC #			
Identify the types of buildings being manufactured by Use Group (Check all applicable uses):	Detached 1& 2 Family		R-3 (Residential)		A (Assembly)	
	B (Business)		I (Institutional)		F (Factory)	
	S (Storage)		E (Educational)		Other	
Q.A. Contact Person:			Name of General Manager:			
Address:						
Telephone: ()			Fax: ()			
Name of Third Party Inspection Agency (TPIA):			TPIA Contact Person:			
			Signature of TPIA representative _____			
			Telephone: ()			

Name of Plant #2			Comm. of Mass MC #			
Identify the types of buildings being manufactured by Use Group (Check all applicable uses):	Detached 1& 2 Family		R-3 (Residential)		A (Assembly)	
	B (Business)		I (Institutional)		F (Factory)	
	S (Storage)		E (Educational)		Other	
Contact Person:			Name of General Manager:			
Address:						
Telephone: ()			Fax: ()			
Name of Third Party Inspection Agency (TPIA):			TPIA Contact Person:			
			Signature of TPIA representative _____			
			Telephone: ()			

Name of Plant #3		Comm. of Mass MC #	
Identify the types of buildings being manufactured by Use Group (Check all applicable uses):	Detached 1& 2 Family		R-3 (Residential)
	B (Business)		I (Institutional)
	S (Storage)		E (Educational)
Contact Person:	Name of General Manager:		
Address:			
Telephone: () Fax: ()			
Name of Third Party Inspection Agency (TPIA):		TPIA Contact Person:	
		Signature of TPIA rep. _____	
		Telephone: ()	
Name of Plant #4		Comm. of Mass MC #	
Identify the types of buildings being manufactured by Use Group (Check all applicable uses):	Detached 1& 2 Family		R-3 (Residential)
	B (Business)		I (Institutional)
	S (Storage)		E (Educational)
Contact Person:	Name of General Manager:		
Address:			
Telephone: () Fax: ()			
Name of Third Party Inspection Agency (TPIA):		TPIA Contact Person:	
		Signature of TPIA representative _____	
		Telephone: ()	
Quality Assurance Manuals are required to be submitted with a manufacturer's initial application for certification. Any subsequent revisions to the manual shall be made part of this application.			
Have revisions been made to the manual since your last submission?		Yes	No
Date of latest revision.			
Please provide a contact name and telephone number for registering difficulties with compliance assurance programs.			
Contact name:		Telephone: ()	
Fees: Certification renewal fee shall be \$650.00 for each manufacturing plant. Please make checks payable to the Commonwealth of Massachusetts.			
Attestation: All information provided on this application is true and accurate to the best abilities of this manufacturer.			
Signature of general manager: _____ Date: _____			

Mail completed applications along with all required attachments to:
Office of Public Safety & Inspections
Manufactured Buildings Program
1000 Washington Street, Suite 710
Boston, MA 02118
Attention: Linda Shea
Linda.shea@mass.gov 617-826-5225