



Commonwealth of Massachusetts
Board of Building Regulations and Standards
Manufactured Buildings Program
LABEL REQUEST FORM

This Section for State Use Only

Date Processed		Label Numbers:	Issued by:
Fee Received	\$		
Check Number			

This Section to be Completed by Manufacturer - PLEASE PRINT OR TYPE

SECTION 1 - MANUFACTURER INFORMATION		BBRS\DPS I.D. #	
Manufacturer Name		MC #	
Street			
City/State/Zip			
Telephone Number: ()	Fax Number: ()	Email:	
Manufacturer - Plant Inspector			
Third Party Agency		TPIA #	
Number of Labels		Total Amount Attached	\$
Manufacturer's Serial Number		Manufacturer's Model Designation	

SECTION 2 - LOCATION OF BUILDING

Street	
City/State/Zip	

SECTION 3 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION

Builder/Dealer			
Street			
City/State/Zip			
Certified Installer			
Licensed Construction Supervisor		License Number:	
		Expiration Date:	

This form shall be completed by the manufacturer when requesting manufactured building labels. All information shall be clearly indicated. Incomplete forms will be returned to the manufacturer unprocessed.

This request shall be forwarded to the **Office of Public Safety & Inspections**
1000 Washington Street, Suite 710
Boston, MA 02118
ATTN: Linda Shea