



Commonwealth of Massachusetts

Board of Building Regulations and Standards

Manufactured Buildings Program

LABEL REQUEST FORM

SECTION 1 - MANUFACTURER INFORMATION		BBRS#	
Manufacturer Name			MC #
Address			
City/State/Zip			
Phone:		Email:	
Manufacturer - Plant Inspector			
Third-Party Agency			TPIA #
Number of Labels		Total Amount Attached	\$
Manufacturer's Serial Number		Manufacturer's Model Designation	

SECTION 2 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION			
Builder/Dealer			
Address			
City/State/Zip			
Certified Installer			
Licensed Construction Supervisor		License Number:	
		Expiration Date:	

ALL LABELS WILL BE SHIPPED TO THE <i>THIRD-PARTY</i> INSPECTION AGENCY			
Third-Party Inspection Agency:			TPIA #:
Address:		Phone:	
Third-Party Inspector:	Email:	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:
Office of Public Safety & Inspections
Manufactured Buildings Program
ATTN: Sean Harvey
One Federal St, Suite 600
Boston, MA 02110

For State Use Only			
Fee Received	\$	Check Number:	
Number of Labels Issued		Label # From:	To & Including:
Issued By:		Date:	