



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

**For State-Use Only**

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

<b>SECTION 1 - MANUFACTURER INFORMATION</b>		<b>BBRS#</b>	
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	

<b>SECTION 2 - LOCATION OF BUILDING</b>	
Address	
City/State/Zip	

<b>SECTION 3 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION</b>			
Builder/Dealer			
Address			
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:  
**Office of Public Safety & Inspections**  
**Manufactured Buildings Program**  
**ATTN: Andrew Chase**  
**One Federal St, Suite 600**  
**Boston, MA 02110**