



Commonwealth of Massachusetts

Manufactured Buildings Program

*Transmittal Form for all correspondences relating to
Manufactured Buildings and Building Components*

To:	Phone Number:	Date Transmitted
Commonwealth of Massachusetts Board of Building Regulations and Standards		
	Massachusetts	

The person forwarding material shall complete the following portion of this transmittal. Please print clearly or type required information.

Name of Person Transmitting Material	MC Number	TPIA Number
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The following information is being transmitted to the Board of Building Regulations And Standards and/or the Department of Public Safety for reasons detailed below (Please check the appropriate box or give a further description of the transmitted Items under the section labeled *other*. Be sure to identify the appropriate Use **Group**.)

	Please indicate the Distinct Model and/or Serial Number pertaining to transmitted items.	Use Group
Building plans for review and approval		
Building plans forwarded as a record copy for your files (review not required).		
Revised building plans for review. (Please clearly identify revisions on the plans.)		
Revised building plans forwarded as a record copy for your files (review not required - Please clearly identify revisions on the plans.)		

When submitting materials identified below, please ensure that you clearly indicate modifications to each page(s). Also, please indicate the BBRs\DPS Identification Number on all applicable materials.

Modifications to programs, manuals or drawings shall be accompanied by an index which clearly identifies which pages are to be removed and which pages are to be replaced. (Check the appropriate box for materials transmitted.)

Compliance Assurance Programs	Original submission	Modification to:
Calculations Manual	Original submission	Modification to:
Installation Manual	Original submission	Modification to:
Systems Drawings	Original submission	Modification to:

Other - Provide a detailed description of any other materials which are being transmitted. Identify any revisions clearly along with BBRs No. Also, identify the requested action.	_____

	Site Location: _____

The office transmitting this information has reviewed the above mentioned and attached materials and has found them, to the best of our knowledge and abilities, to be in compliance with the codes and/or rules and regulations for the Commonwealth of Massachusetts' Manufactured Building Program, as applicable.

Signed by:	Date:
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