



# Commonwealth of Massachusetts

## Board of Building Regulations and Standards

### Manufactured Buildings Program

#### THIRD PARTY INSPECTION AGENCY CERTIFICATION

##### BULK LABELS

This Section to be completed by Third Party Inspection Agency - Please print or type - UNITS MAY NOT BE SHIPPED UNTIL THIS CERTIFICATION IS COMPLETED and COMPONENTS ARE LABELED

#### SECTION 1 - MANUFACTURER INFORMATION (S:\Mfg\mfgthirdpartycert bulklabels2005- July, 2018)

Manufacturer Name:

MC#

Address:

Phone:

Email:

#### SECTION 2 - BUILDING INFORMATION

BBRS#

Address:

City:

State:

Zip:

Use Group:

Construction Type

In signing this form below, I hereby certify that the units identified on this form have been inspected and are constructed in accordance with the following codes, as applicable.

Massachusetts State Building Code (780 CMR)

☐

Massachusetts State Electrical Code(527 CMR 12)

☐

Massachusetts State Plumbing and Fuel Gas Code (248 CMR)

☐

Massachusetts Architectural Access Board Regulations (521 CMR)

☐

Mfg. Plant Inspector's Name (Print Name)

Third-Party Inspector (Print Name)

TPIA#:

Mfg Plant Inspector's Signature

Date:

Third-Party Inspector's Signature

Date:

#### SECTION 3 - BUILDER/DEALER/CERTIFIED INSTALLER INFORMATION

Builder/Dealer:

Address:

Licensed Construction Supervisor:

License Number: \_\_\_\_\_

Certified Installer:

Exp. Date: \_\_\_\_\_

#### SECTION 4 - LABEL INFORMATION (Indicate number of boxes and number of labels required)

Number of Units

Label Numbers Issued:

Manufacturer's Serial Number:

Manufacturer's Model Designation:

Send form to the Office of Public Safety & Inspections

One Federal St, Suite 600, Boston, MA 02110

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