MODULAR MANUFACTURER MONTHLY SALES REPORT

LICENSE NO: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____

SUBMIT BY: **OF THE MONTH**
TO: **ALABAMA MANUFACTURED HOUSING COMMISSION**
350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
TELEPHONE: (334)242-4036 FAX: (334)240-3178

I certify that the following manufactured buildings were manufactured in or shipped into Alabama during the month of: _____**, 20**_____

SIGNED: _____

LINE NO.	AL. INSIGNIA/ OUT-OF-STATE LABEL #	THIRD PARTY LABEL NUMBER	COMPLETE MANUFACTURER'S SERIAL NUMBER	WIND SPEED	SIZE LENGTH & WIDTH	OCCU-PANCY	DATE OF MFT.	DEALER'S NAME	DEALER LICENSE NUMBER	DEALER CITY
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										