

MODULAR INSTALLER MONTHLY INSTALLATION REPORT

FROM: (INSTALLER NAME AND ADDRESS)

SUBMIT BY
OF MONTH

TO: STATE OF ALABAMA
ALABAMA MANUFACTURED
HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, AL 36104
PH (334) 242-4036 FAX (334)240-3178

I certify that each of the units listed below were installed during the month of _____, _____ and comply with all installation requirements of the Alabama Manufactured Housing Commission.

INSTALLER'S CERTIFICATION NUMBER _____
SIGNED _____
(INSTALLER'S SIGNATURE)

1. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

2. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

3. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

4. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

5. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

6. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

7. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

8. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

9. OWNER _____ INSTALLER DECAL NO. _____
SET-UP ADDRESS _____ CITY _____ COUNTY _____
DEALER _____ DATE INSTALLED _____
DEALER'S ADDRESS _____
MANUFACTURER _____ YEAR MODEL _____ NEW _____ USED _____
UNIT SERIAL NO. _____ INSIGNIA LABEL NO. _____
TYPE ANCHORS USED _____ *SOIL PROBE TEST READING _____ *SOIL BEARING CAPACITY _____

*NOT NEEDED IF C-4 ANCHORS ARE USED