

Manufactured Home Installer's Monthly Certification Tag Report

Installer Training and Certification Program PO Box 44420 Olympia WA 98504-4420

Phone: 1-800-705-1411 (Option 3)

www.Lni.wa.gov

Reporting Month			Reporting Year			Installer Na	ame	Phor	Phone Number	
Mailing Address										
City				State			Zip (Zip Code		
Manufacturer Coding Work Performed Codes										
AHI American Homestar ID GUO Guerdon C						RMO Redr	man OR		oncrete Pads/Runners	
	AHO American Homestar OR			Homebuild			ercrest CA		ural Connections (marriage	
CH Champion			HB KA	Karston CA	SCO Silve		ercrest OR	lines, roof cap, etc)		
FWC Fleetwood CA			KIT	Kit Mfg		SLC Skyline CA		AS — Anchoring System (tie-down)		
FWI	FWI Fleetwood ID		LB Liberty			SLO Skyli	ine OR	MP — Mech./Plumbing (if performed by		
FWO			ML Marlette				mit CO	certified installer) FS — Foundation Support System		
FWW			MD Moduline			VA Valle	∍y	(footing/piers)		
FW	•		NA Nashua			OTHER		SV — Skirting/Vents/Access		
GWO			PH Palm Harbo						rthquake Resis. Bracing System	
GUI Guerdon ID RMI Redman ID										
Installer Cert. Tag # MFR Code MFR Serial # Building Jurisdiction Retailer										
Installer Cert. Tag # MF			Code		MFR Serial #		Building Jurisdiction		Retailer	
Work Perf Codes Insta			tall Date		Owner's Last Name		Site Address			
Installer Cert. Tag # MFF			R Code		MFR Serial #		Building Jurisdiction		Retailer	
Work Perf Codes Inst			ll Date		Owner's Last Name		Site Address			
Installer Cert. Tag # MF			Code		MFR Serial #		Building Jurisdiction		Retailer	
Work Perf Codes Inst			nstall Date		Owner's Last Name		Site Address			
Installer Cert. Tag # MF			Code		MFR Serial #		Building Jurisdiction		Retailer	
			Code						Retailer	
Work Perf Codes Insta			II Date		Owner's Last Name		Site Address			
Reports may be emailed to FAS1@Lni.wa.gov or you may print, sign, and mail the report to the address listed at the top of this form.										
Signature										
I hereby certify that each installer certification tag used has been properly reported and the information in this										
report is correct to the best of my knowledge.										
Print Name						Signature				
- Time reality										
Certification Number						Date				