



**APPLICATION FOR MANUFACTURER'S WARRANTY SEAL**

**Department of State**

Division of Code Enforcement and Administration

**Manufactured Home Program**

99 Washington Ave.

Albany, NY 12231

Phone: (518) 474-4073

Fax: (518) 486-4487

Web site: www.dos.state.ny.us

This is an application for a Manufacturer's Warranty Seal pursuant to 19 NYCRR 1210, *Manufactured Homes*. No manufactured home may be installed in New York State unless the manufacturer has obtained and attached a manufacturer's warranty seal to the dwelling. Submit application with required fee to above address.

**MANUFACTURER INFORMATION**

Company name: \_\_\_\_\_

Principal or Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_ Fax: (    ) \_\_\_\_\_

\_\_\_\_\_

e-mail: \_\_\_\_\_

**ORDER INFORMATION: A minimum of 5 Warranty Seals must be purchased at a time.**

Number of warranty seals being applied for @ \$125 each ..... \_\_\_\_\_

Enclosed is our check number \_\_\_\_\_ In the amount of ..... \$ \_\_\_\_\_

Date of Check: \_\_\_\_\_

**Checks must be made payable to New York State Department of State**

The undersigned manufacturer certifies that it is certified as a manufacturer by the New York State Department of State pursuant to article 21-B of the Executive Law (or, if this request is dated prior to July 1, 2006 and this space \_\_\_ is marked, the undersigned manufacturer certifies that to the best of its knowledge, information and belief, it satisfies all standards for such certification).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_