New York State
Department of State
Division of Building Standards and Codes
One Commerce Plaza
99 Washington Avenue, Suite 1160
Albany, NY 12231-0001
(518) 474-4073
Fax: (518) 486-4487
www.dos.ny.gov

Insignia of Approval Order Form for Factory Manufactured Buildings (Modular)

Date: _____

Attention: Building Standards and Codes
NYS Department of State
99 Washington Avenue - Suite 1160
Albany, New York 12231

Manufacturer: _____ **MFR. No.: M** _____

- ***Note:*** **INSIGNIAS for <u>Approved Systems</u> of Models must be ordered in lots of not less than FIVE (5). Individual models may order single insignia or as many as needed.**

<u>EACH ONE- and TWO-FAMILY DWELLING and EACH DWELLING UNIT within a Townhouse</u>

- Each One-Family Dwelling (Regardless of the number of modules within that One-Family Dwelling)
- Each Dwelling Unit in a Two-Family Building (Regardless of the number of modules within that Two-Family Building)
- Each One-Family Dwelling within a group of Townhouses (Regardless of the number of modules that make up that Townhouse Building)

We are requesting _____ New York labels at **$125.00** per label to be issued under our Approval No.: **M**_____.
This approval is currently valid and expires on _____. Occupancy type will be _____ .

<u>Other Unit, Model, or Component</u> <u>(OTHER THAN ONE- AND TWO-FAMILY DWELLINGS)</u>

- Each Dwelling Unit in a multiple dwelling (Regardless of the number of modules in that one Dwelling Unit)
- Each Sleeping Room in a multiple dwelling (Regardless of the number of modules in that one Sleeping Room)
- Each Component (Module) that does not fit into a description above.

We are requesting _____ New York labels at **$37.50** per label to be issued under our Approval No.: **M**_____.
This approval is currently valid and expires on _____. Occupancy type will be _____ .

Please send *INSIGNIAS* to: _____

Attn: _____

_____

_____

Enclosed is our check number _____ in the amount of $ _____

made payable to "**NYS DOS, Division of Building Standards and Codes**" dated _____

X _____ _____
(Signature of Authorized Representative) (Type or Print Name of Authorized Representative)