APPLICATION FOR INSTALLER’S WARRANTY SEAL

Department of State
Division of Code Enforcement and Administration
Manufactured Home Program
99 Washington Avenue
Albany, NY 12231
Phone: (518) 474-4073        Fax: (518) 486-4487        Web site: www.dos.state.ny.us

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

INSTALLER INFORMATION

Company name: ________________________________
Principal or Contact Name: ________________________________
Mailing Address: ___________________________________ Telephone: (   ) _____________
____________________________________________________ Fax: (   ) _____________
____________________________________________________
e-mail address: ________________________________

ORDER INFORMATION

The fee for installer warranty seals is $35. For orders of 6 or more, the fee for each installer warranty seal is $25.

Number of warranty seals being applied for @ $35 each (orders of 5 or less) ............................................
Number of warranty seals being applied for @ $25 each (orders of 6 or more) ..........................................
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 Installer certifies that it is certified as an installer 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 installer certifies that to the best of its knowledge, information and belief, it satisfies all standards for such certification).

Signed: ________________________________ Date: ________________________________