



Florida Department of Highway Safety and Motor Vehicles

Division of Motorist Services

Manufactured Housing Section

PROCEDURE: MHS-13	SUBJECT: HUD LABEL CONTROL
DESCRIPTION AND USE: This procedure concerns the control over HUD manufactured home certification labels.	

I. MANUFACTURED HOUSING SECTION REQUEST FOR HUD LABELS

- A. To request (HUD) manufactured home labels, Manufactured Housing Section (MHS) staff submit a Request for Labels form to the Institute for Building Technology and Safety (IBTS, formerly NCSBCS), which is the contracting agent for HUD (HUD-101 form, **see Attachment B on page 9**). Orders are submitted when the label supply is down to 200. IBTS will complete the middle section of the Request for labels form, "Order Processing," and fax back to the MHS. Labels sequentially numbered are sent directly to the MHS from the label supplier. Labels are wrapped in Xerox paper (100 labels to a package) and the label series is written on the package.
- B. Labels are verified for accuracy of print, damage and to assure that all labels are received, within five days of receipt of the shipment. Any damaged or misprinted labels are removed from the shipment and sent back to the IBTS. A record is kept showing the label number of damaged or missing labels.
- C. The bottom section of the Request for Labels form, "Confirmation of Receipt" is completed and faxed back to the IBTS.
- D. Labels received by the MHS are stored in a vault.

*Revisions to this procedure: **Section III B #4** monetary amount changed from \$39 to \$100. **Section V letter J** replaced with **I after H** to be in alphabetical order. Update all HUD forms with new forms that expires 4/30/2016.*

	EFFECTIVE DATE: 2/15/77	REVISION DATE: 05/13/2015	PAGE # 1 OF 30
--	-----------------------------------	-------------------------------------	--------------------------

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 2 OF 30
--------------------------------------	------------------------------	--------------------------

II. AFFIDAVIT FOR DAMAGED, MISPRINTED OR MISSING HUD LABELS:

- A. When there are damaged, misprinted or missing labels, form HSMV-81316, Florida Seal or HUD Label Affidavit, is to be completed and signed by the SAA and IPIA Section Supervisor (**see Attachment C on page 10**).
- B. A copy of the Affidavit is made on green paper and placed into the file drawer with the other label affidavits until needed. The original Affidavit is put with the copy of the IPIA Request for Labels; HUD-101 (**See Attachment B on page 9**).

III. MANUFACTURERS APPLICATIONS FOR HUD LABELS:

- A. Applications and payments for labels are received and opened in the department's mailroom where a Cash Receipt System (CRS) number is assigned to the order form. The work is then sent to the Cashier Section of the Bureau of Accounting where the money is removed. Applications are then batched and given a batch control number (**see Attachment D on page 11**). The batch is ready to be picked up by MHS staff at approximately 4:00 p.m..
- B. The following documents are needed with each application for HUD labels:
 - 1. Completed form HSMV-81300, Application for Standards Seals/Labels, submitted in duplicate. (**see Attachment E on page 12**)
 - 2. Check payable to DHSMV for the number of labels requested on form HSMV-81300. The state fee is \$32.00.
 - 3. Completed HUD form HUD-301, Request and Payment for Labels (**see Attachment F on page 13**). The HUD-301 form sent to the MHS is verified for completeness, to assure that the number of labels requested is the same as requested on Form HSMV-81300 and that the amount is correct.
 - 4. The Federal fee of \$100.00 per label is paid by "Pay.gov." Pay.gov prints a receipt when the transaction is complete (**see Attachment G on page 14**) and this receipt is kept with the other documents.
- C. Application Form HSMV-81300 is reviewed for completeness; verifying that the money submitted is sufficient to cover the number of labels requested; application is signed by an authorized representative of the manufactured home manufacturer and the current Florida manufacturer license number is shown. Labels issued are recorded on the application.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 3 OF 30
--------------------------------------	------------------------------	--------------------------

III. ISSUANCE OF HUD LABELS:

- A. The sequence numbers of the labels to be issued to the manufacturer are recorded on the HUD-301 form and entered into the manufacturer's inventory using the "Weblabels" program, the manufacturer's folder and the label ledger (**see Attachment H on page 15**).
- B. A copy is made of the completed 301 and placed in the manufacturer's folder. The original HUD-301 form is forwarded to the IBTS.
- C. The labels are then mailed to the manufacturer using overnight services of FedEx or UPS. To do this the manufacturer must send a completed airbill with their vendor account number and showing their name and address as both the sender and receiver to be used in returning the labels (**see Attachment I and J on pages 16 and 17**).

IV. BALANCING HUD LABEL LEDGER AT END OF MONTH:

The HUD label ledger used to record the issuance of labels must be balanced at the end of each month (**see Attachment K on page 18**). This involves the following:

- A. Use a black ink pen and draw a line across the page under the last label entry for the month.
- B. Add each of the following:
 - 1. All HUD labels sold (red entries)
 - 2. Damaged labels (black entries)
 - 3. Any replacement labels (black entries) for the month.
 - 4. New label shipments are recorded in blue ink.

Post these totals on the left side page in the ledger and also show the amount of label fee revenue collected for the month.

V. MANUFACTURERS' FORM 302 AND DATA REPORTS:

- A. Each month, the manufactured home manufacturers must submit a Form HUD- 302 Report to the MHS by the 10th of the month for the prior month's production (**see Attachment L on page 19**). This report shows the total number of units produced by a manufacturer during the month by type of unit and the HUD label assigned to each unit section.
- B. There must also be a data sheet for each completed unit listed on the HUD-302 report (HSMV-81305, **see Attachment M on page 20**).

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 4 OF 30
--------------------------------------	------------------------------	--------------------------

- C. On each report the first label number which appears on the report should be checked to assure that it follows the last label number listed on the previous month's report.
- D. The beginning number of each series of labels used should be checked against the list of labels issued to manufacturer to make sure all label numbers are being accounted for.
- E. The manufacturer should be contacted if any labels are not listed.
- F. Verify information on data sheets against the information shown on the 302 Report and contact the manufacturer if there are any discrepancies.
- G. The data which appears on the HUD-302 Reports and data sheets should be used to generate the Production Inspection and Primary Inspection Agency (IPIA) Production Report for the month (**see Attachment N on page 21**). The type of unit codes are as follows:

Type of Unit: This column should show the following:

S for 12' single-wide
S* for 14' single-wide
S** for 15' single-wide
S*** for 16' single-wide
M-1 for 12' multi-wide
M-1* for 14' multi-wide
M-1** for 15' multi-wide
M-1***for 16' multi-wide
(*asterisk must appear beside unit type)

Remember model year changes in June/July each year

The Production Report is available for purchase by manufacturers or other interested parties. There is a \$1.00 fee per page. The Production Report can be mailed or E-Mailed as requested by customers after they pay for a copy. When they pay for a Production Report the mailroom sends the check to the Bureau of Accounting. The Bureau of Accounting then produces a CRS Batch Report showing who paid and the amount paid just as they do for the purchase of HUD labels (**see example in Attachment D on page 11**). The HUD label staff member produces a record of these payments for section use only (**see Attachment O of Page 22**).

- H. The label information from HUD-302 Reports is entered into Weblabels program by the manufacturer. In addition the IPIA must confirm this data in the Weblabels program based on the HUD-302 reports received following the directions in the Weblabels User Guide (**see Attachment P on page 23**). This data is then E-Mailed to the IBTS by the 20th of month.
- I. When all the above is completed the HUD-302 Reports and data sheets are inserted into the Manufacturers' files in the MHS headquarters office.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 5 OF 30
--------------------------------------	------------------------------	--------------------------

VI. OPEN DESTINATION UNITS:

- A. An "open destination" unit is one listed on a manufacturer's 302 report with no dealer listed as the receiving dealer. Typically such units are models used for promotional purposes by the manufacturer for a period of time before they are sold to a dealer. The state does not get paid "monitoring fees" from HUD for such units until they have a destination to which they are shipped.
- B. Every 4 to 6 months, the MHS staff member responsible for HUD labels must use the Weblabels program to identify all open units. The manufacturer is then contacted to determine where these units were delivered. To make this report, the manufacturer must complete Section III of the HUD-304 form, Adjust Report Monthly Production Report (see **Attachment Q on page 24**) and send this report and an updated data sheet for each affected home to MHS. When this information is received from the manufacturer, the Weblabels data base is updated with the information (see **Attachment R on page 25**). A paper copy of the Adjust Report is sent to the IBTS to ensure they receive it since their system may not always import adjustments. A copy of the Adjust Report is placed in the manufacturer's HUD-302 Report file.

VII. REFUNDS FOR HUD LABELS:

When a manufacturer goes out of business, they may be eligible for a refund for what they paid for unused HUD labels. The procedure for issuing such refunds is as follows:

- A. Send the manufacturer a copy of HUD form HUD-303, Refunds Due Manufacturer (see **Attachment S on page 26**). The manufacturer must complete the top two portions of this form and return it to the MHS.
- B. The MHS must complete the third section of this form verifying that a refund is due to the manufacturer. The form is then sent to the IBTS. In doing this they must check for any missing data reports.
- C. A manufacturer can transfer unused labels to a sister plant owned by the same manufacturer in the state of Florida. To do this requires a letter from the manufacturer indicating their intention to transfer the labels to the sister plant. The Weblabels system is then updated to show the inventory of labels being transferred to the sister plant. There would not be a refund in this case.
- D. The manufacturer must surrender the unused labels to the MHS headquarters office.
- E. The manufacturer must also complete an adjusted HUD-302 Report on HUD form HUD-304, Adjustment Report Monthly Production Report, showing the destination of all open units (see **Attachment Q on page 24**). This data is then updated to the "Weblabels" data base (see **Attachment R on page 25**).
- F. When the activities required in section A, B, D and E have been completed, the MHS shall complete a Fiscal Function Report (see **Attachment T on page 27**) which requests a refund and send it to the Bureau of Accounting which arranges for a state check to be issued to the manufacturer for the refund amount.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 6 OF 30
--------------------------------------	------------------------------	--------------------------

- G. The refund information must be shown on the batch work for the month.
- H. The surrendered labels are reentered into the MHS inventory of labels by entering the sequence numbers into the Label Ledger. These decals will be reissued to another manufacturer.
- I. The labels are also returned to the IPIA inventory in the Weblabels data base (**see Attachment R on page 25**) so they can be assigned to another plant.

VIII. REPLACEMENT OF LOST OR DAMAGED HUD LABELS:

- A. If labels have been lost, the manufacturer must complete HUD form 203, IPIA/Manufacturer/Losing Party – Lost Label Report, and send it to the MHS headquarters office (**see Attachment U on page 28**).
- B. If labels have been damaged, the manufacturer must complete HUD form 203B, IPIA/Manufacturer Damaged Label Report, and send it to the MHS headquarters office (**see Attachment V on page 30**). Form 203B is used only when ½ of a double-wide unit is damaged and a replacement half is built. The damaged label must be returned to the MHS. If the manufacturer decides not to build a replacement half, then no replacement label will be issued.
- C. When the MHS receives the completed form from the manufacturer, they must do the following:
 - 1. Pull the manufacturer's file containing the HUD-301 and HUD-302 reports and the relevant data sheets.
 - 2. Issue a replacement label and record the label number in Section II of form 203B, the Label Ledger, and on the tally sheet in the manufacturer's HUD-301 Reports file.
 - 3. Correct the relevant data sheet by drawing a line through the damaged label number and writing in the new label number assigned to the rebuilt section of the home.
 - 4. Place a yellow sheet, with the label number assigned to the rebuilt unit section written on the top and in the appropriate numerical space account for the label number. Note on the yellow sheet that this label number is shown with the Data Sheet FLA-XXXXX.
 - 5. Indicate on the data sheet whether the damaged label was sent to IBTS and if equipment was replaced or remained the same.
 - 6. Circle returned label on the HUD-302 report (if already reported).
 - 7. Mail replacement label, a copy of form HUD-203B, and receipt for labels form to the manufacturer in a padded envelope by certified mail.
 - 8. Mail damaged label and original form HUD-203B by certified mail in a padded envelope to the IBTS.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 7 OF 30
--------------------------------------	------------------------------	--------------------------

IX. REPLACEMENT OF LABELS LOST IN THE MAIL:

When notification is received from a manufacturer that HUD labels ordered by the manufacturer have not been received, the following steps are taken:

- A. The manufacturer is instructed to write a letter indicating that the labels were not received and stating, if the order is received, the labels will be returned to the MHS immediately.
- B. The tracking number is determined by looking in the manufacturer's file (red folder). When it is determined that the address was correct, a tracer is placed on the package.
- C. A "Dummy" label application is written up in the name of the manufacturer and replacement seals are issued. A notation is made beside the entry in the Label Ledger that labels are being issued as replacements for label numbers XXXX to XXXX which were lost in the mail. This same explanatory note is written on the bottom of the "Dummy" label application and on the bottom of the manufacturer's tally sheet. An asterisk is placed beside the replacement label numbers to be issued to indicate the note at the bottom of the tally sheet. Replacement labels are mailed to the manufacturer by FedEx.
- D. Replacement labels are issued at no charge.
- E. A copy of the original label application (i.e., the order that was lost) is sent to each of the two regional offices of the MHS with a note indicating that these labels have been lost in the mail and asking the program supervisor to give the numbers to the compliance examiners. The compliance examiners should be directed to notify the program supervisor if they encounter any of the missing labels and the program supervisor will alert the MHS headquarters staff.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 8 OF 30
--------------------------------------	------------------------------	--------------------------

ATTACHMENT A

HUD LABEL



Color: Red Metal

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 9 OF 30
--------------------------------------	------------------------------	--------------------------

ATTACHMENT B

**IPIA Request for Labels
(order control)**

**U.S. Department of Housing and Urban
Development** Office of Manufactured Housing Program

OMB Approval No. 2502-0233
(expires 04/30/2016)

The Manufactured Housing Procedural and Enforcement Regulations, 24 CFR Chapter XX Part 3282, require manufacturers to report certification label usage on a monthly basis. The information collected here will be used to report home distribution, collect fees, and reimbursing parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

Request for Labels

(By IPIA Agency)

We hereby request _____ certification labels for our on-hand inventory. Currently our inventory is _____ (Quantity) certification labels on hand. Based on our current rate of certification labels issued, the on-hand (Quantity) inventory will last for approximately _____ weeks.

Order Processing

(by HUD's monitoring contractor)

Date request received _____. The request for certification labels was placed with the label manufacturer by _____ on _____ in the quantity of _____ certification labels. (mm/dd/yyyy) (mm/dd/yyyy)

Note: If the quantity ordered is different than requested, it was authorized by _____ (name)

This order should be received by the IPIA agency within the next three weeks.

Confirmation of Receipt

(to be completed by the IPIA)

We have received the quantity of certification labels authorized by HUD's monitoring contractor. Yes ____ No _____. If No, contact HUD's monitoring contractor immediately.

This order was received on _____ and contained: (mm/dd/yyyy)

Certification labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

These labels were entered into this agency's on-hand inventory on _____ (mm/dd/yyyy)

by IPIA authorized label administrator _____ (signature)

Distribution
Original – HUD's Monitoring Contractor
Copies to: IPIA
Manufacturer

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 10 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT C

SEAL/LABEL NO. _____

FLORIDA SEAL OR HUD LABEL AFFIDAVIT

STATE OF FLORIDA, COUNTY OF LEON

Before me, the undersigned authority, personally appeared

who being first duly sworn, according to law, deposes and says that he is the Section Supervisor of the Manufactured Housing Section of the Bureau of Motor Vehicle Field Operations, Division of Motorist Services, Division of Motor Services, Department of Highway Safety and Motor Vehicles, Tallahassee, Florida and that Seal or Label Number(s) _____
Was(damaged) (misprinted) (missing) when carton was opened by _____

SIGNED _____
Section Supervisor, Manufactured Housing Section
Bureau of Motor Vehicle Field

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 11 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT D

**REPORT FOR BATCH NUMBER 274885
PROGRAM AREA'S TRANSACTION TOTALS**

MOBILE HOME SEALS

BATCH NO	CRS ID	REMITTER	PROPOSED CUSTOMER# DL# CUSTOMER	AMOUNT	STATUS	STATUS DATE	Payment Money Details						
274885	6110683601	JACOBSEN MANUFACTURING INC	JACOBSEN MANUFACTURING INC 218397994 591763322	3200.00	DEP	03-11-2011	<table border="1"> <tr> <td>CK</td> <td>3200.00</td> <td>00027043</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	CK	3200.00	00027043			
CK	3200.00	00027043											

**Total
Amount 3200.00**

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 12 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT E

DATE _____

APPLICATION FOR STANDARDS SEALS/LABELS

TO: Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles
2900 Apalachee Parkway Tallahassee, Florida 32399-0640

APPLICATION IS HEREBY MADE FOR: FEE OF \$ _____ IS ENCLOSED

_____ # HUD LABELS \$32.00

_____ # M.H. DUPLEX SEALS \$20.00

I,(WE). _____ LOCATED AT
(name of applicant)

_____, CERTIFY
(full address)

THAT I (WE) WILL NOT ATTACH A SEAL OR LABEL TO ANY MOBILE/MANUFACTURED HOME THAT DOES NOT MEET OR EXCEED THE FEDERAL MANUFACTURED HOME CONSTRUCTION AND SAFETY STANDARDS OR OTHER REQUIREMENTS AS OUTLINED IN SECTION 320.822-320.90, FLORIDA STATUTES. FLORIDA STATUTES REQUIRE MANUFACTURERS TO AFFIX THE APPROPRIATE SEAL/LABEL TO ALL UNITS SOLD, OFFERED FOR SALE OR PLACED ON DISPLAY

MOBILE HOME MANUFACTURER LICENSE NUMBER _____

SIGNATURE _____
MANUFACTURER'S AUTHORIZED REPRESENTATIVE

Note:

This form is to be executed by mobile home

manufacturer and submitted to the Division of Motor Vehicles in duplicate. Applicant's copy showing the Seal/Label assignments will be returned with Seals/Labels.

DMV USE ONLY

SEALS/LABELS ASSIGNED _____ TOTAL # _____

BEGINNING # _____ ENDING # _____

ASSIGNED BY _____ DATE _____

DO NOT SEPARATE ORIGINAL AND COPY

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 13 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT F

U.S. Department of Housing and Urban Development
Office of Manufactured Housing Program

OMB Approval No. 2502-0233
expires 04/30/2016

Request and Payment

for Labels

The Manufactured Housing Procedural and Enforcement Regulations, 24 CFR Part 3282, require manufacturers to report certification label usage on a monthly basis. The information collected here will be used in conjunction with reporting home distribution, collecting fees, and reimbursing parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless the form displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

Manufacturer's Request

(to be completed by manufacturer)

We hereby request that our IPIA, STATE OF FLORIDA
for the above manufacturing facility issue _____ (quantity) manufactured home certification labels.

Total number of labels requested _____ (Free/Label)* = \$ _____

Credit adjustment (include Form 303) with credit - \$ _____

Check amount \$ _____

Check number _____ dated _____
(mm/dd/yyyy)

Checks must be made payable to Department of Housing and Urban Development.

IPIA Assignment of Label Numbers

(to be completed by IPIA)

The following unissued certification label numbers are assigned to the specific facility identified above.

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Total Number of Labels Issued _____ (Free/Label) = \$ _____

IPIA Authorized Label Administrator _____ Date _____
(signature) (mm/dd/yyyy)

Tender payment through Pay.gov and send copy of form and payment receipt.

Distribution
Original - HUD's Monitoring Contractor
Copies to: IPIA
Manufacturer

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 14 OF 30
--------------------------------------	------------------------------	---------------------------

**ATTACHMENT G
Receipt from Pay.gov System**

Online Payment

Step 3: Confirm Payment

1 | 2 | 3

Thank you. Your transaction has been successfully completed.

Pay.gov Tracking Information

Application Name: Manufactured Housing Label Order

Pay.gov Tracking ID: 3FODCPN0H

Agency Tracking ID: 120004074514

Transaction Date and Time: 03/05/2009 11:40 EST

Payment Summary

Account Holder Name: Brillharts Homes

Brillharts Homes

Payment Amount: \$1,850.00

Account Type: Personal Checking

Routing Number: 122003396

Account Number: **0821

Check Number: 1234

Payment Date: 03/06/2009

Manufacturers Name: Brillharts Homes

MANUFACTURED HOUSING SECTION

Subject:
HUD LABEL CONTROL

Procedure #
MHS-13

Page #
15 OF 30

ATTACHMENT H

Weblabels Computer Screen To Update IBTS Records from Manufacturer HUD-301 Reports

WebLabels | Form 301 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Refresh Print Mail Web Services

Address http://weblabels.ibts.org/Weblabels.live/LabelManagement/Form301.aspx?wl=2 Go Links

Site Map | IBTS Home

IBTS

Logged in as: Karen Thorson, Florida IPIA User | Change Password | Logout 03/23/2011 02:54 PM

F101 F301 F302 OMB Update Adjust Search PHist Abbre LList Reports Plist IList

Form 301

Issuing IPIA: FLA # Labels Requested:

Plant Code: Select Date Assigned: 03/23/2011

Payment Details

Payment #:

Payment Date:

Payment Amount:

Credit Amount:

Labels Issued

From: To:

Update Clear Close Print Label Inventory

Done Internet

Start Inbox - Microsoft Outlook WebLabels | Form 30...

2:54 PM

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 16 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT I

FEDEX o USA Arrow

Number **06807839003**

1 From (please print)

Date _____ Sender's FedEx Account Number _____

Sender's Name _____ Phone () _____

available Company _____

Address _____

City _____ State _____ Zip _____

2 Your Internal Billing Reference Information
(Optional (First 24 characters will appear on invoice) _____
Declaration _____

3 To (please print)

Recipient's Name _____ Phone _____

Company _____

Address _____
(To HOLD' at FedEx location, print FedEx address here) (We cannot Deliver to PO Boxes or PO Zip Codes)

City _____ State _____ Zip _____

For HOLD at FedEx Location check here **For Saturday Delivery check here**
 Hold Weekday Hold Saturday (Not available at all locations) (Extra Charge Not available to all locations)

(Not available with FedEx First Ovrenight) (Not available with FedEx First Overnight or FedEx Standard Overnight) (Not available with FedEx First Overnight or FedEx Standard Overnight)

Service Condition Declared Value and Limit Liability-By using this Airbill you agree to the service conditions in our consumer Service Guide or US Government Service Guide. Both are available on request. See back of Sender's copy of this airbill for information and additional Terms. We will not be responsible for any claim in excess of \$100 per package whether the result of loss, damage, or delay, non-delivery, misdelivery, or misinformation unless you declare a higher value, pay an additional charge and document your actual loss in a timely manner. Your

right to recover from us for any loss includes intrinsic value of the package loss of sales, interest, profit attorney's fees, costs and other forms of damage, whether direct, incidental, consequential, or special, and is limited to the greater of \$100 of the declared value but cannot exceed actual documented loss. The maximum declared value for any FedEx Letter and FedEx Pak is \$500. Federal Express may upon your request, and with some limitations, refund all transportation charges paid. See the FedEx Service Guide for further details.

Questions?
Call **1-800-Go-FedEx** (1-800-463-3339)

4 Service Delivery commitment may be later in some areas

FedEx Priority Overnight FedEx Standard Overnight FedEx 2Day*
(Next business morning) (Next business afternoon) (Second Business Day)
 FedEx Govt. Overnight DESCRIPTION _____
 FedEx Overnight Freight FedEx 20Day Freight
 -----(For packages over 150 pounds Call for delivery schedule-----
 New FedEx First Overnight FedEx Letter Rate not

Earliest next business morning delivery to select location) Minimum Charge

5 Packaging
 FedEx Letter FedEx Pak* FedEx Box Fed Ex Tube Other Packaging
 ----Declared value limit \$500----

6 Special Handling

Does this shipment Yes (As per attached) Yes (Shopper's
 contain dangerous goods? Shopper's Declaration not required
 Dry Ice CA Cargo Aircraft Only
 Dry Ice, 9, UN 1845 III
 Dangerous Goods Shipper's Declaration not required

7 Payment
Bill Sender Recipient Third Party Credit Card Cash/Check
 (Account no in section 1 will be billed) ----- (Enter FedEx account no. or Credit Card no. below-----

FedEx Account No. _____
 Credit Card No. _____ Exp. Date _____

Total Packages	Total Weight	Total Declared Value	Total Charge
	\$	\$	

When declaring a value higher than \$100 per package, you pay an additional charge. See Service

CONDITIONS, DECLARED VALUE AND LIMIT OF LIABILITY section for further information.

8 Release Signature

Your signature authorizes Federal Express to deliver this shipment without obtaining a signature and agree to indemnify And hold harmless Federal Express from any resulting claims. 232

FORM ID NO. Rev Date 10/95 o PART o 147382
 0200 © 1994-95 FedEx o PRINTED IN USA

The World On Time

Revised: 05/13/15

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 20 OF 30
--------------------------------------	------------------------------	---------------------------

Exhibit M

HSMV 81305 (REV. 01/11)

HUD LABEL # _____
 M. H. ID # _____
 DATE MANUFACTURED _____
 MODEL # _____ YEAR 20_____
 MFR. NAME _____
 ADDRESS _____

 City State Zip

Manufacturer Data Report

State of Florida
 Department of Highway Safety and Motor Vehicles
 Division of Motorist Services
 Neil Kirkman Building, 2900 Apalachee Parkway (Room A 129) Tallahassee FL 32399-0640

DESIGNATION (State) _____ Single Double Triple
 SIZE _____
 Unit A Unit B Unit C
 EXCLUDE HITCH INCLUDE HITCH

DEALER'S NAME _____
 ADDRESS _____

 City State Zip

DAPIA NAME _____
 ADDRESS _____

 City State Zip

ROOF LOAD ZONES

North 40 PSF South 20 PSF
 Middle 30 PSF

Note: Hawaii, Canal Zone, Puerto Rico and Virgin Islands are South Zone.

WIND ZONES

Zone I 15 PSF Horizontal & 9 PSF Uplift
 Zone II 100 mph
 Zone III 110 mph
 Exposure D

HEATING & COOLING DESIGNED CERTIFICATE

Design Winter Climate Zone

This mobile home has been thermally insulated to conform with the requirements of the Federal Manufactured Home Construction and Safety Standards for all locations within climatic:

ZONE I ZONE II ZONE III

Equipment	Manufacturer	Model Designation
Clothes Washer.....	_____	_____
Clothes Dryer.....	_____	_____
Dishwasher.....	_____	_____
Food Waste.....	_____	_____
Water Heater.....	_____	_____
Smoke Detector.....	_____	_____
Air Conditioning () BTU/hr.	_____	_____
Comfort Heating () BTU/hr.	_____	_____
Cooking Range.....	_____	_____
Built-In Oven.....	_____	_____
Counter-Top Cooking Unit.....	_____	_____
Refrigerator.....	_____	_____

NOTE: See Section 3280.305(c)(2) for areas included in each Wind Zone.

This home has has not (checked by manufacturer) been equipped with storm shutters or other protective coverings for windows and exterior door openings. For Homes designed to be located in Wind Zones II and III, which have not been provided with shutters or equivalent covering devices, it is strongly recommended that the home be made ready to be equipped with these devices in accordance with the method recommended in the manufacturer's printed instructions.

This home has has not been designed for the higher wind pressures and anchoring provisions required for ocean/coastal areas and should not be located within 1500' of the coastline in Wind Zones II and III, unless the home and its anchoring and foundation system have been designed for the increased requirements specified for Exposure D in ANSVASCE 7-88.

Manufacturer shall provide "U" factors as designed below.

Walls (without windows & doors).....	"U" = _____
Ceilings & roofs of light color.....	"U" = _____
Ceilings & roofs of dark color.....	"U" = _____
Floors.....	"U" = _____
Air ducts in floor.....	"U" = _____
Air ducts in ceiling.....	"U" = _____
Air ducts installed outside.....	"U" = _____

Heat transfer area to outside of home from air ducts located:
 Inside Home Sq. Ft. _____
 Outside Home Sq. Ft. _____

The heating equipment has the capacity to maintain an average 70° F temperature in this home at outdoor temperatures of _____ °F.

To maximize furnace operating economy and to conserve energy, it is recommended that this home be installed where the outdoor winter design temperature (97 1/2 %) is not higher than _____ °F.

The above information has been calculated assuming a maximum wind velocity of 15 MPH at standard atmospheric pressure.

The supply air distribution system installed in this home is sized:
 Not designed for A/C A/C Ready A/C Installed

**** FOR TALLAHASSEE CENTRAL OFFICE USE ONLY****

RED TAG # _____ REGION _____
 COMPLAINTS _____
 NAME _____
 ADDRESS _____

 City State Zip

REGION _____

This mobile home is designed to comply with the Federal Manufactured Home Construction and Safety Standards in force at the time of manufacture.

SIGNED _____
 Authorized Representative of Manufacturer

 Type or Print Name

 Date

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 21 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT N

FLORIDA MOBILE HOME PRODUCTION REPORT																									
MONTH:																									
MOBILE HOME MANUFACTURER	# SINGLE-WIDE UNITS LABELED						# DOUBLE-WIDE UNITS LABELED								# TRIPLE WIDE						# QUAD WIDE			TOTALS	
	10'	12'	13'	14'	15'	16'	20'	22'	24'	26'	28'	29'	30'	31'	32'	36'	40'	42'	44'	45'	46'	48'	56'		60'
CHAMPION HOME BUILDERS Lake City, FL																									
CHARIOT EAGLE Ocala, FL																									
HOMETTE Ocala, FL																									
JACOBSEN Safety Harbor, FL																									
NOBILITY # 1 Ocala, FL																									
PALM HARBOR Plant City, FL																									
TOWNHOMES Lake City, FL																									
OPEN DESTINATIONS																									
SUBTOTALS																									
TOTALS																									

ITALICIZED numbers unit not assigned a dealer destination (OPEN)

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 22 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT O

PRODUCTION REPORT FEES COLLECTED

Name/Address	Date Check Received	Check Number & Amount	Month of Production Request	Date Report Mailed
Dave Carter & Associates 3530 Southwest 7 th Street Ocala, Florida 34474	1/27/03	5013079 \$12.00	January 2003	2-17
			February 2003	3-13
			March 2003	4-12
			April 2003	5-15
			May 2003	6-14
			June 2003	7-13
			July 2003	8-14
			August 2003	9-12
			September 2003	10-10
			October 2003	11-14
			November 2003	12-15
			December 2003	1-12

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 23 OF 30
--------------------------------------	------------------------------	---------------------------

ATTACHMENT P

Weblabels Computer Screen To Update IBTS Records With Confirmation of Manufacturer HUD-302 Report Data by the IPIA and Entering Returned Labels Data Into the IPIA Inventory

Plant Details

Plant Code: JASND1
 Name: Jacobsen Mobile Homes
 Month & Year: 02/2011
 Address: 301 Fourth St. North
 IPIA: FLA
 City: Safety Harbor
 State: FL
 Zip: 34695

This data is posted Report Status: Posted Show open status label?

Label No	Serial No	Date	Retailer	City	State	Zip	TY	Errors
X 0000813793	JACFL30371A	1	MID FLORIDA MOBILE HOME SALES	BRADENTON	FL	34209	1	
X 0000813794	JACFL30371B	1	MID FLORIDA MOBILE HOME SALES	BRADENTON	FL	34209	2	
X 0000813795	JACFL30372A	1	CUSTOM HOMES OF OCALA	OCALA	FL	34480	1	
X 0000813796	JACFL30372B	1	CUSTOM HOMES OF OCALA	OCALA	FL	34480	2	
X 0000813797	JACFL30373A	2	TAYLOR MADE HOMES OF THE NATURE COA	HOMOSASSA	FL	34446	1	
X 0000813798	JACFL30373B	2	TAYLOR MADE HOMES OF THE NATURE COA	HOMOSASSA	FL	34446	2	
X 0000813799	JACFL30374A	2	CITRUS/MEADOWOOD HOMES OF FLORIDA/C	CLEARWATER	FL	34624	1	
X 0000813800	JACFL30374B	2	CITRUS/MEADOWOOD HOMES OF FLORIDA/C	CLEARWATER	FL	34624	2	
X 0000813801	JACFL30375	2	SAFE HARBOR HOMES	SEBRING	FL	33670	S	
X 0000813802	JACFL30376A	3	CUSTOM HOMES OF OCALA INC/QUALITY HO	SEPHYRHILLS	FL	33541	1	

1 2 3 4 5 6 7 8 2

Buttons: Validate, Update, Post, Accumulate, Cancel All Edits, Delete, Print, Close

Buttons: Browse..., Import, Add New Row

Buttons: jseunders, Plant SignOff, ktharson, IPIA SignOff, HQ SignOff

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 25 OF 30
---	------------------------------	---------------------------

ATTACHMENT R Weblabels Computer Screen For Updating Manufacturer HUD-304 Report Data

The screenshot shows a Microsoft Internet Explorer browser window displaying the 'WebLabels | Label Adjustments' page. The browser's address bar shows the URL: <http://weblabels.ibts.org/WebLabels/LabelManagement/LabelAdjustment.aspx?w=7>. The page header includes the IBTS logo and navigation links for 'Site Map' and 'IBTS Home'. A blue status bar indicates the user is logged in as 'Karen Thorson, Florida IPIA User' and provides a 'Change Password' link and a 'Logout' option. The date and time are shown as '03/23/2011 02:56 PM'. Below the header is a toolbar with icons for various functions: FLO1, F301, F302, OMB, Update, Adjust, Search, PHist, Above, LList, Reports, PList, and JList. The main content area features a 'Label Adjustments' form with the following fields and options:

- IPIA Code:** A dropdown menu with 'FLA' selected.
- Label Number:** A text input field.
- Plant Code:** A dropdown menu.
- Serial Number:** A text input field.
- Label Status:** A section containing:
 - Status Date:** A text input field with a calendar icon.
 - Radio button options: IPIA Inventory, Open, Manufacturer Inventory, Lost, Shipped, and Damaged.
- Ship To:** A section containing:
 - Dealer Name:** A text input field.
 - City:** A text input field.
 - State:** A dropdown menu with 'Select' as the current selection.
 - Zip Code:** A text input field.
- Unit Type:** A section containing:
 - Radio button options: Single Wide, Multi Wide, and Not Applicable.
 - A small dropdown menu next to 'Multi Wide'.

At the bottom of the form are three buttons: 'Save', 'Clear', and 'Close'. The browser's taskbar at the bottom shows the 'Start' button, an 'Inbox - Microsoft Outlook' icon, and the current browser window 'WebLabels | Label A...'. The system clock in the bottom right corner shows '2:56 PM'.

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 26 OF 30
---	------------------------------	---------------------------

ATTACHMENT S

Refunds Due Manufacturer

U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs

OMB Approval No. 2502-0233
expires 04/30/2018

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Part 3282 Section 501 authorizes the Secretary to take such actions to oversee the system as the Secretary deems appropriate. The information collected here will be used to refund manufacturers for unused certification labels as paid according to Section 210. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory under 42 U.S.C 5413(c)(3). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Manufacturers Name & Address	Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

Refunds

(to be completed by manufacturer)

We hereby request that our IPIA, _____, for the above manufacturing facility, advise HUD's contracting agent that we have returned the following manufactured home certification labels. These labels have never been affixed to a manufactured home.

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Certification Labels _____ - _____ through & including _____ - _____ = _____ (Quantity)

Total Labels Returned: _____ x \$39.00 = \$ _____

The above designated certification labels are being returned because:

- The facility has been closed effective: _____ (mm/dd/yyyy)
- The facility's IPIA has been changed to: _____, effective _____ (mm/dd/yyyy)
- Other: _____

IPIA Verification of Credit Due Manufacturer

(to be completed by IPIA)

The above designated manufactured home certification labels were received by our office on _____ (mm/dd/yyyy). This report and the labels have been analyzed and found to be accurate.

The labels (will be/will not be) reassigned. The refund due will be credited to _____ (manufacturer label code) or refund needed from HUD.

IPIA Authorized Label Administrator: _____ (signature) Date: _____ (mm/dd/yyyy)

HUD Refund Processing

(by contracting agent)

Date received _____ (mm/dd/yyyy) Received and forwarded to HUD Date: _____ (mm/dd/yyyy) by _____

Distribution
Original - HUD's Contracting Agent
Copies to: IPIA
Manufacturer

Previous editions obsolete

Form HUD-303 (06/09)

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 27 OF 30
---	------------------------------	---------------------------

ATTACHMENT T



Terry L. Rhodes
Executive Director

2900 Apalachee Parkway
Tallahassee, Florida 32399-0500
www.flhsmv.gov

DATE: |
TO: Fiscal Function
FROM: Manufactured Housing Section
SUBJECT: Refund

In accordance with department policy, a refund is requested as follows:

Name of Applicant

Mailing Address of Applicant

Application for Standard Seals/Labels

Document Reference Number

Amount of Refund Requested \$ _____

Receipt Number Control Number Date of Remittance

Authorized Signature Title

• Service • Integrity • Courtesy • Professionalism • Innovation • Excellence •
An Equal Opportunity Employer

Revision Date: 01/24/11

Revised: 05/13/15

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 28 OF 30
---	----------------------------------	-------------------------------

ATTACHMENT U

**Lost Label Report
IPIA/Manufacturer/Losing Party**

U.S. Department of Housing and Urban Development
Office of Regulatory Affairs and Manufactured Housing

OMB Approval No. 2502-0233
expires 04/30/2018

(Must be completed within 5 days of discovery or loss)

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Chapter XX Part 3282 Section 552 requires manufacturers to report certification label usage on a monthly basis. The information collected here will be used to report home distribution, collect fees, and reimburse parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Manufacturer's Name & Address		Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)	

All certification labels for HUD code manufactured housing that are lost or unaccounted for by manufacturers must be reported to HUD's Office of Manufactured Housing Programs for accountability of all homes and labels. Labels can be lost through a variety of means including simple loss, theft, mail distribution, or sale for scrap or salvage.

Lost Labels

(to be completed by manufacturer or losing party)

Quantity _____ certification labels. Date certification label affixed to unit _____ (mm/dd/yyyy)

New certification label number affixed to unit _____ Date loss discovered _____ (mm/dd/yyyy)

Certification label numbers _____ through and including _____

Serial Number: _____ Destination: _____

Name and address of person who last had possession of certification label(s) when loss was discovered:

Name _____

Address _____

Name and address of person who discovered loss:

Name _____

Address _____

Distribution
Original - HUD's Contracting Agent
Copies to: IPIA
Manufacturer

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 29 OF 30
---	------------------------------	---------------------------

Was a Police or private investigator contacted or used?

Yes By Whom? _____ Date _____
(mm/dd/yyyy)

Results (include police or investigator reports):

No Why?

Explanation of Loss

(To be completed by manufacturer or losing party)

Losing party's detailed written explanation of the events that led to the lost certification label(s), and efforts made toward label recovery.

IPIA Recommendations

(to be completed by IPIA)

IPIA's detailed statement setting forth the circumstances of the loss. Give specific reasons for recommendation to HUD if free replacement of a lost certification label is requested. Submit complete package to HUD's Contracting Agent, which will act upon HUD's final decision.

IPIA Authorized Label Administrator _____
Printed Name and signature

When manufacturers sell units for scrap or salvage

(to be completed by manufacturer)

If a manufacturer sells a scrap or salvage unit the manufacturer must remove the label. The manufacturer must keep a permanent record of the label, or return the label to HUD's Contracting Agent. All labels must be removed from all homes sold for scrap or salvage.

Name & Address of scrap or salvage company	Name and Address of Manufacturer
Phone Number of scrap or salvage company	Label Numbers from scrap or salvage units

Distribution

Original - HUD's Contracting Agent

Copies to: IPIA

Manufacturer

MANUFACTURED HOUSING SECTION

Subject: HUD LABEL CONTROL	Procedure # MHS-13	Page # 30 OF 30
---	------------------------------	---------------------------

ATTACHMENT V

**Damaged Label Report
IPIA/Manufacturer**

U.S. Department of Housing and Urban Development
Office of Regulatory Affairs and Manufactured Housing

OMB Approval No. 2502-0233
expires 04/30/2016

(to be used when returning damaged labels)

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Chapter XX Part 3282 Section 552 requires manufacturers to report certification label usage on a monthly basis. The information collected here will be used to report home distribution, collect fees, and reimburse parties as appropriate under these Regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)

Damaged Labels

(to be completed by manufacturer)

The following manufactured home certification labels have been damaged and are enclosed. Damaged certification labels include those on units wrecked in transit.

Quantity: _____ certification labels. Date certification label affixed to unit _____ (mm/dd/yyyy)

Damaged certification label numbers _____ through and including _____

New certification label number affixed to unit (serial number) _____

Serial Number: _____ Destination: _____

**Assignment of Replacement Labels By
IPIA to Manufacturer**

(to be completed by IPIA)

The following certification label number must be assigned to the specific facility identified above.

IPIA _____

Quantity: _____ labels.

Label certification numbers _____ through and including _____

IPIA Authorized Label Administrator _____ (signature) Date _____ (mm/dd/yyyy)

Distribution
Original - HUD's Contracting Agent
Copies to: IPIA
Manufacturer