



**STATE OF WISCONSIN**  
 Department of Safety and Professional Services

**Multifamily Dwelling Manufacturer Application**

**INSTRUCTIONS:** Please type or print clearly. This application shall be submitted for approval as a producer of manufactured multifamily dwellings in accordance with Wisconsin Administrative Code SPS 361 Subchapter V.

Manufacturer			Inspection/Evaluation Agency		
Name:			Name:		
No. & Street or P.O. Box			No. & Street or P.O. Box		
City:	State:	Zip Code:	City:	State:	Zip Code:
Contact Person:			Contact Person:		
Telephone #:	Fax #:		Telephone #	Fax #	

**Wisconsin Inspector Certifications**

Name:	Certification #	Inspector Certification Categories		
		Commercial Building	Commercial Plumbing	Commercial Electrical
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Statement**

The information contained in the manufacturer's compliance assurance manual reflects the procedures and policies implemented by the manufacturer and the inspection agency to ensure conformance to the Wisconsin Commercial Building Code.

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Signature (Manufacturer)	Signature (Inspection Agency)
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Title	Date	Title	Date
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