

MODULAR CONSTRUCTION COMPLIANCE CERTIFICATE

Report for the Month of:	

Submit by the 10th of each month to: DSPSSBUDCTech@Wisconsin.gov

The below listed identified Manufacturer certifies that the modular dwellings listed below and their components have been											
inspected and found to be in compliance with the rules of the Department of Safety and Professional Services relating to construction, energy conservation, heating, ventilating, electrical, and plumbing.											
Manufacturer's Name:					Inspection Agency:						
						<u> </u>					
Address:					Address:						
Address.					Address.						
Unit Date No. of				Shipping Destination Information							
Wisconsin Insignia No.		fication al No.)	Completed (M/D/Y)	Dwelling Units		Owner or Builder City State No. of Sections					
moignia ivo.	(Com	ar 140.)	(IVI/D/T)	OTIKO						Cottons	
Starting at:				Ending at:							
Insignia Numbers of ulabels at time of this s	nused										
Manufacturer's Design			Date:								
Manufacturer's Designated Insignia Control Person's Signature								30.0.			