



Modular Dwelling Program Application

INSTRUCTIONS: Please type or print clearly. This application shall be submitted with three (3) copies of the manufacturer's compliance assurance manual when submitting applications for approval as a producer of modular dwellings in accordance with Wisconsin Administrative Code SPS 320.14. Prior to submittal, the manufacturer's compliance assurance manual shall be reviewed and approved by the inspection/evaluation agency. Each page shall be stamped approved and dated by the inspection/evaluation agency.

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			
		UDC Const.	UDC Plbg.	UDC HVAC	UDC Elec.
		<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"/>	<input type="checkbox"/>

Statement	
The information submitted in the enclosed compliance assurance manual is correct and reflects the procedures and policies implemented by the manufacturer and the inspection agency to ensure conformance to the Wisconsin Uniform Dwelling Code.	
Signature (Manufacturer)	Signature (Inspection Agency)
Title	Title
Date	Date