Missouri Public Service Commission

MANUFACTURED HOUSING & MODULAR UNITS PROGRAM

Monthly Installation Decal Report

Click To Submit Form

Reporting Period (Month/Year)		Installer License Number:
Installer Name:		
Installer Address:		PHONE:

Decal Number	Date of Installation	Manufacturer Name City/State	Complete Serial Number	Year Built	Size	Dealer Name: Address/City/Zip/Phone	Consumer Name: Address/City/Zip/County/Phone

Name:	Total Number of Decals Placed ____________
	Date:

This form, completed in duplicate, must be used in reporting installation decals to the Manufactured Housing & Modular Units Program. A copy should be retained by the installer. **This form must filed by the tenth day of the month.** Please submit this form to the Manufactured Housing & Modular Units Program, P.O. Box 360, Jefferson City, MO 65102 (800-819-3180). The form can also be faxed to 573-522-2509. 03/15/2012