



## *Missouri Public Service Commission*

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Commissioner

POST OFFICE BOX 360  
JEFFERSON CITY, MISSOURI 65102  
573-751-3234  
573-751-1847 (Fax Number)  
<http://psc.mo.gov>

JOHN P. MITCHELL  
Commissioner

**TO:** Manufactured Home Installers  
**FROM:** Manufactured Housing & Modular Units Program  
**DATE:** May 13, 2024  
**SUBJECT:** Renewal of Installer License July 1, 2024 – June 30, 2025

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### **All HUD Installer registrations will expire on June 30, 2024.**

Complete the enclosed installer renewal application insuring the installer's name, address, phone number, email address, etc., are printed legibly and correctly. Review the requirements listed on the renewal application and submit the requested information. The license renewal fee is \$150. Installers are required to attend a continuing education class every three (3) years. All monthly decal reports must be up-to-date with the Commission. (Renewal packets are available on our webpage @ [www.psc.mo.gov](http://www.psc.mo.gov); Manufactured Housing tab; Installer Information link. Information can be typed into these forms and printed.)

**Each applicant must submit a "Certificate of Liability Insurance" from their insurance company showing proof of current insurance coverage for General Liability Insurance (\$300,000). A sample has been included as a reference. Submit proof of Workers' Compensation Insurance, if applicable.** The "Certificate of Liability Insurance" must indicate dates of coverage and amount of insurance coverage. Pursuant to Section 287.061 RSMo from the Division of Workers' Compensation (573-751-4231), if there is no Workers' Compensation Insurance, an Affidavit of Exemption of Workers' Compensation Insurance must be submitted (a blank affidavit form is included in the renewal packet).

Installers may be covered by their employer's insurance. Submit a copy of the employer's "Certificate of Liability Insurance and Workers' Compensation Insurance" listing the name of the insured, type of coverage, current coverage period, and coverage amounts. In the event employment ends with this employer prior to the installer's registration expiration date, the installer's license will be inactive and the installer must obtain their own coverage and provide proof of insurance.

**Additional information has been included regarding "Site Preparation Guidelines" and "Assignment of Responsibilities for Connection of Utilities on a new HUD manufactured home."**



# Missouri Public Service Commission Application for Manufactured Home Installer License

Please fill the form out completely and legibly.

<b>PSC OFFICE USE ONLY</b>	Transmittal No.:	Check No.:	Check Amount
<b>GENERAL INFORMATION</b>			
<ul style="list-style-type: none"> <li>▪ Installer licenses are issued to an individual and cannot be used to license an entire entity.</li> <li>▪ License fee is \$150 per licensee. (Make Checks Payable To: Missouri Director of Revenue)</li> <li>▪ The Permanent Installer License is valid until June 30.</li> <li>▪ The Limited Use Installer License is valid for 180 days from the date of issuance.</li> <li>▪ Licenses are not transferable.</li> <li>▪ Licensee shall notify the Commission in writing within 30 days of any change of information required on this form.</li> </ul>			
<b>SECTION A   LICENSE INFORMATION</b>			
<b>Check one:</b> <input type="checkbox"/> <b>Permanent Installer License</b> <input type="checkbox"/> <b>Limited Use Installer License</b> The Limited Use License is valid for a period of 180 days and may be renewed one time, and must work with a supervising installer. The Commission may contact any person or entity to verify the experience of the applicant before issuing the Limited Use License.		<b>Check one:</b> <input type="checkbox"/> <b>New</b> <input type="checkbox"/> <b>Renewal</b> <b>Installer License #:</b>	
<b>Supervisor's Name and License # of Limited Use Installer:</b>			
<b>SECTION B   INSTALLER INFORMATION</b>			
Installer Name:		Email Address:	
Installer Address/City/State/Zip:			
County:	Phone Number:	Fax Number:	
<b>SECTION C   INSTALLER'S EMPLOYMENT</b> <input type="checkbox"/> Check here if license is being required by an employer. Complete employer information.			
Employer's Name:			
Employer's Address/City/State/Zip:			
Phone Number:	Fax Number:	Email Address:	
<b>CHECK-OFF REQUIRED ITEMS LISTED BELOW TO INSURE ALL NEEDED INFORMATION IS SUBMITTED:</b>			
<input type="checkbox"/> Completed Application (Sections A, B, D, E, F and C, if applicable) <input type="checkbox"/> Application fee of \$150 (Make Checks Payable To: Missouri Director of Revenue) <input type="checkbox"/> Certification: (check license type) ___ <u>New - Installer:</u> Copy of initial Installer Training Class Certificate <u>OR</u> ___ <u>Renewal - Installer:</u> Copy of Continuing Education Certificate (8 hrs. mandatory) as required every 3 <sup>rd</sup> year for installer renewal ___ <u>Limited Use - Installer:</u> Installer Training Class Certificate <u>not</u> required <input type="checkbox"/> Proof of General Liability Insurance (\$300,000) for the current licensing year <input type="checkbox"/> Proof of Workman's Compensation Insurance for the current licensing year <u>OR</u> <input type="checkbox"/> Exemption for Workers' Compensation Insurance, submitting a notarized affidavit of exemption for Workers' Compensation Insurance pursuant to 287.061 RSMo, Division of Workers' Compensation. (Questions concerning eligibility for Exemption to Workers' Compensation contact Division of Workers' Compensation at (573) 751-4231.) I am claiming exemption under Section 287 for Workers' Compensation for the following reason: (check one) ___ Sole Proprietor with no employees ___ Partner in a partnership with no employees ___ A corporation that has filed a Notice of Election with the Division of Worker's Compensation (include a copy of the Notice of Election).			
<b>SECTION D   FELONY INFORMATION:</b>			
Within the preceding ten (10) years, have you ever been convicted in any Federal or State court of a felony relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide: the date, court, conviction, sentence on separate sheet.			
<b>SECTION E   MISDEMEANOR INFORMATION:</b>			
Within the preceding five (5) years, have you ever been convicted in any Federal or State court of a misdemeanor relating to the acquisition or transfer of a manufactured home or any other form of property? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, provide: the date, court, conviction, sentence on separate sheet.			
I CERTIFY that all statements and information furnished regarding this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that statements or information furnished on this form are subject to verification by the program director and I agree to furnish supporting documents or information when so requested.			
<b>SECTION F   Signature</b>			<b>Date</b>

Please mail completed application & fee to: Missouri Public Service Commission, Manufactured Housing & Modular Units Program, P.O. Box 360, Jefferson City, MO 65102; phone: 800-819-3180; fax: 573-522-2509.

06/05/13



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Exr):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A:	NAIC #
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VOID	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Setting up Manufactured homes and Modular units.

## CERTIFICATE HOLDER

## CANCELLATION

Missouri Public Service Commission  
 Manufactured Housing Modular Units Program  
 P. O. Box 360  
 Jefferson City, MO 65102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE  
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared \_\_\_\_\_  
*Name of Affiant*

who, being duly sworn on this oath states as follows:

1. My name is \_\_\_\_\_. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of \_\_\_\_\_,  
*Name of Business*

a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

I am a sole proprietor **and have no "employees"** as defined under the law, see page 2.

I am a partner in a partnership **with no "employees"** as defined under the law, see page 2.

I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for \_\_\_\_\_ to be withdrawn from  
*Name of Corporation*

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated \_\_\_\_\_ is enclosed.  
*Date*

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

\_\_\_\_\_  
*Affiant*

\_\_\_\_\_  
*Date*

STATE OF MISSOURI )  
 )  
COUNTY OF \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

## **Affidavit of Exemption for Workers' Compensation Insurance Applicable Statutory Provisions and Guidelines to be followed**

The Division has developed the "Affidavit of Exemption for Workers' Compensation Insurance Pursuant to §287.061, RSMo" that is required to be filed by a contractor in the construction industry when he/she applies for an occupational or business license in any city or county only if the contractor does not have proof of workers' compensation insurance coverage. If a contractor fails to comply with the requirements relating to providing proof of coverage or completing the "Affidavit of Exemption" form, he/she shall be denied the business license until the contractor obtains a certificate of insurance. If the contractor submits the "Affidavit of Exemption" form to obtain the business license he/she should familiarize himself/herself with the following key statutory provisions. **Those who are unsure as to whether they may lawfully submit such affidavit should seek competent legal advice.**

Every employer who is subject to the requirements of chapter 287, RSMo must insure its workers' compensation liability with an insurance company authorized to insure such liabilities in the state of Missouri by the Missouri Department of Insurance Financial Institutions and Professional Registration or meet the Division's requirements to be self-insured. If an employer fails to obtain the insurance coverage he/she may be held liable to an injured employee for all of the benefits under the Law in either a civil law suit or in an administrative proceeding before the Division.

**Employee:** §287.020, RSMo: The definition of "employee" includes both full- and part-time employees, and includes every person in the service of an employer under any contract of hire, express or implied, oral or written, or under any appointment or election, including executive officers of a corporation. It includes minors whether or not they are employed in violation of the law and family members. It may include volunteer workers who do not receive any income or compensation unless the exception noted below applies.

**Please Note:** As an exception, the workers' compensation law does not apply to volunteers if:

- The entity is a tax-exempt organization which operates under the standards of section 501(c)(3) of the federal Internal Revenue Code;
- The volunteers are not paid wages; and
- The volunteers provide services purely on a charitable and voluntary basis.

All three requirements must be met in order for a volunteer worker not to be classified as an employee under §287.020, RSMo.

**Employer:** §287.030, RSMo, that defines "employer" includes a very broad category and states that every employer who has five or more employees must carry workers' compensation insurance with one exception for construction industry employers who erect, alter, demolish or repair improvements who must purchase workers' compensation insurance if they have one or more employees.

**Sole Proprietor and Partner:** §287.035, RSMo, provides that natural persons who are sole proprietors or partners are employers and they do not have to purchase workers' compensation insurance on themselves but they may voluntarily choose to do so. Further, close relatives by blood or marriage of sole proprietors or partners may be withdrawn from coverage but, under §287.030, these relatives are still considered to be "countable" employees. Note that these provisions do not apply if the business is a corporation or a Limited Liability Company [LLC].

**Corporate Exemption (Two Owners/Employees):** §287.090.5, RSMo. A corporation may withdraw from the provisions of this chapter, when there are no more than two owners of the corporation who are also the only employees of the corporation, by filing with the Division notice of election to be withdrawn. The election shall take effect and continue from the date of filing with the Division by the corporation of the notice of withdrawal from liability under this chapter. Any corporation making such an election may withdraw its election by filing with the Division a notice to withdraw the election, which shall take effect thirty days after the date of the filing or at such later date as may be specified in the notice of withdrawal.

**Statutory Employer:** §287.040, RSMo, provides that certain independent contractors may be considered to be “employees” of the person who hired them for workers’ compensation purposes, under the legal principle known as “statutory employment.” Missouri Law does not define “independent contractor.” Missouri courts use three factors to determine when a statutory employment relationship exists: (1) the work is performed pursuant to a contract; (2) the injury occurs on or about the premises of the statutory employer; and (3) the work is in the usual course of the statutory employer’s business. An employer cannot avoid its workers’ compensation liability by hiring independent contractors to perform jobs that would otherwise be performed by its employees. A contract need not be in writing. The Missouri courts have ruled that the “employer’s premises” can include a location where the employer is carrying on its business temporarily. As a construction industry employer you may be held responsible to pay workers’ compensation benefits to an independent contractor or uninsured subcontractor or their employees. The immediate contractor or subcontractor is liable as an employer of the employees of the subcontractor. The liability of the immediate employer is primary and that of the others is secondary and any compensation benefits that are paid by those who are secondarily liable may be recovered from those primarily liable.

**Please Note:** A general contractor can require subcontractors to carry workers’ compensation insurance. Generally, the Law says that the general contractor is liable for any injuries sustained by uninsured subcontractors or their uninsured employees (§287.040, RSMo). Because of this, the general contractor’s insurer will charge an additional premium if the subcontractor cannot provide proof of coverage, even if the subcontractor has no employees. If the general contractor says he/she will not hire the subcontractor unless he/she has a policy and insures himself/herself, the subcontractor would need to buy a policy covering their business or himself/herself or work for a general contractor who does not make this a requirement.

**Criminal Penalties:** §287.128, RSMo makes it unlawful for any person to knowingly make or cause to be made any false or fraudulent material statement or material representation for the purpose of obtaining or denying any benefit. This is considered a class D felony punishable by fine up to \$10,000 or double the value of the fraud whichever is greater. A subsequent violation is a class C felony.

Any person who knowingly misrepresents any fact in order to obtain workers' compensation insurance at less than the proper rate for that insurance shall be guilty of a class A misdemeanor. A subsequent violation is a class D felony. Any employer who knowingly fails to insure his liability pursuant to this chapter shall be guilty of a class A misdemeanor and, in addition, is liable to the state of Missouri for a penalty in an amount up to three times the annual premium the employer would have paid had such employer been insured or up to \$50,000, whichever amount is greater. A subsequent violation is a class D felony.

Further, providing false information with the intent to deceive also can constitute a felony under §§570.090 (Forgery) and 575.040 (Perjury), and a misdemeanor under §§575.050 (False Affidavit) and 575.060 (False Declaration).

# SITE PREPARATION GUIDELINES

## **New HUD homes are required to be installed and anchored by an installer licensed with the Manufactured Housing & Modular Units Program in the State of Missouri.**

### **Site Preparation Guidelines:**

- The area under the home must be crowned with dirt/gravel/chat to ensure that any water under the home runs to the perimeter.
- Grade so there are no holes or depressions under the home. Cover the ground under the home with a 6-mil polyethylene vapor barrier.
- All four sides are graded to direct water away from the home with a minimum slope of ½ inch per foot for the first 10 feet. When this slope cannot be achieved, swales, drain tiles, retaining walls, etc., should be used to divert water away from the foundation. Drain tiles should terminate past the corners of the home.
- Gutters and downspouts when installed must be extended past the corners of the home.

### **Foundation - Footings Guidelines:**

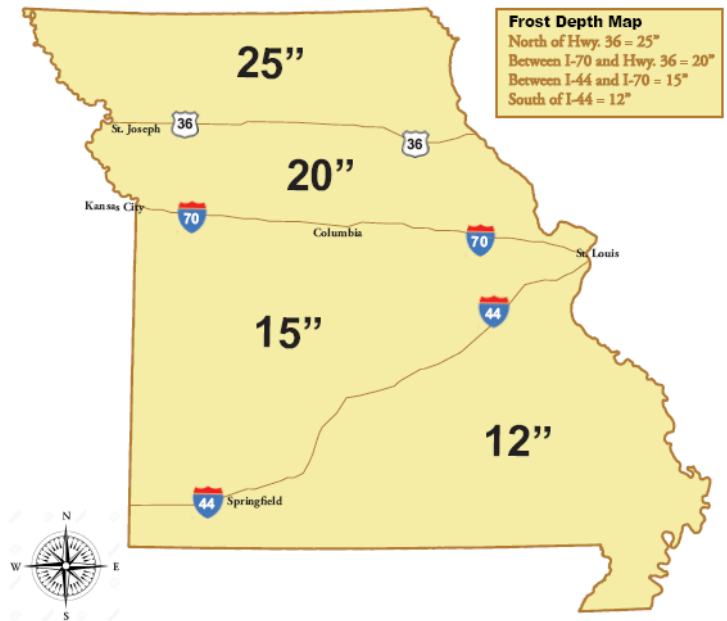
- Foundation, footings and runners must be poured below frost grade – all grass and debris must be removed from the site before installation.
- Depending on soil capacity and spacing of piers, the diameter of footings will vary typically 24"-28".
- Forming the footing(s) 4" to 6" above grade will help to achieve the required fall away from the site.

### **Slab - Runners Guidelines:**

- Slab 6" minimum poured in place concrete – all grass and debris removed from the site.
- Slab is to be supported by a below frost grade perimeter footing.
- Runners to be poured below frost grade or 6" minimum with a below frost grade perimeter footing.

## **Frost Depth Map**

Note: Some local jurisdictions may require the footing(s) to be at a greater depth than what is required by the PSC.



### **Anchoring Guidelines:**

- A single wide unit with concrete anchors installed requires approximately 1.2 yards of concrete per anchor. If earth anchors are installed the soil must be tested to determine the correct anchor to use.
- Anchor straps are to be protected on all corners where they wrap the frame. Straps are to have a 40 to 50 degree angle.
- Longitudinal anchoring required in Missouri.
- When installing anchor systems refer to anchor manufacturer instructions for number and location of systems as length, roof pitch, and wall height may require additional systems. Single wide homes require anchors within 2 ft. of each end in addition to the systems.

**This is not a complete list of all the requirements necessary to set a new HUD home.**

**Refer to 3285 Model Manufactured Home Installation Standards.**

New HUD homes must be installed by a licensed installer with the Manufactured Housing and Modular Units Program in the state of Missouri. Chapter 700 RSMo "No person shall engage in the business of installing manufactured homes or hold himself or herself out as a manufactured home installer in this state unless such person holds a valid license issued by the commission pursuant to Sections 700.650 to 700.680. A decal shall be affixed to the manufactured home in a permanent manner in a visible location within two feet (2') of the Housing and Urban development (HUD) label. 4 CSR 240-125.070.

All utilities to be connected and tested by a qualified person (licensed Missouri installer or licensed electrician / licensed plumber). The electrical connection must be a 4-wire feeder system installed in conduit buried 18 inches or direct buried 24 inches (IRC 2015). DWV pipe 1/4" per foot slope, or a minimum 1/8" per foot and install a full-size clean-out at the upper most point of the run with plumbing straps 4' o.c. The water line needs to be insulated/heat taped with a shut-off valve installed between the water supply and the inlet under or adjacent to the home.

**The federal frost depth map referenced above is to be used unless the county or municipality where the home is sited has a more stringent requirement then you are to adhere to those requirements.**

05/01/18 MHMUP

## **Assignment of Responsibility for Connection of Utilities on a new HUD manufactured home**

The dealer is responsible to make the proper arrangements for the connection of the utilities (electric, water and gas) on a new HUD manufactured home.

**Only qualified personnel familiar with local requirements are permitted to make utility site connections and conduct tests. 3285.904(b) Model Manufactured Home Installation Standards**

**A licensed installer is exempt from doing the onsite plumbing or electrical work, if the person performing such work holds a valid license from the local jurisdiction to perform such work.  
CSR 240-125.030(1)(E)**

The dealer is to arrange for a Missouri manufactured housing installer licensed with the Missouri Public Service Commission who is **qualified to connect the utilities and conduct the tests; unless they are regulated by local jurisdictions; or** the dealer is to arrange for a person who holds a valid license from the local jurisdiction to perform such work. A decal will be installed in the home by the primary licensed Missouri manufactured housing installer, and the person connecting the utilities and conducting the tests will sign the decal with their license number and date of connection and tests. The person connecting the utilities is responsible to check for any additional requirements as set forth by the county or municipality where the home is sited.

It is recommended that the dealer retain a copy of the liability and workman's compensation insurance coverage that specifically includes coverage for connecting utilities from the person doing the onsite utility connections.

The home must be grounded to protect the occupants. The only safe and approved method of grounding the home is through an electrically-isolated ground bar in the home's distribution panel board. This grounds all non-current carrying metal parts to the electrical system in the home at a single point. The ground conductor of the power supply feeder cable in turn connects the grounding bar to a good electrical ground back through the power supply system. Therefore, for 120/240 volt service a four- wire power supply feeder cable is required.

**Electrical Service to a new HUD manufactured home to include the following:**

- 4-wire power supply feeder cable – in good condition with no bare wires or damaged insulation
- main service entrance wires are to be installed in rigid metal conduit, intermediate metal conduit, Schedule 80 rigid nonmetallic conduit - PVC/DWV water pipe is not permitted
- main service entrance wires to be rated for direct burial or conduit shall be installed and buried a minimum of twenty-four (24) inches below grade from the point of service to the drop under the home Section 300.5 NEC 2008
- ground wire to be a green insulated wire installed in electrical conduit with the other electrical service wires or a bare copper ground wire ran separately not in conduit (refer to manufacturers installation manual for proper size of ground wire and other details specific to the home)
- splice connectors must be approved connectors installed in a junction box

No other wires (including the wire for the air conditioner) will be allowed in the service raceway on the home as this is designated for the main service entrance wires only.