



**MISSOURI PUBLIC SERVICE COMMISSION  
MANUFACTURED HOUSING & MODULAR UNITS PROGRAM  
MANUFACTURER'S MONTHLY SHIPMENT REPORT**

Reporting Period (Month/Year When the Shipments Were Made)	Transmittal Number (PSC Office Use Only) _____
	Check Number _____ Check Amount _____

Remit Report and Payment to: Manufactured Housing & Modular Unit Program, P.O. Box 360, Jefferson City, MO 65102.  
Checks made payable to Missouri Director of Revenue.

- This report must be submitted before the **20th of each month** following the month for which the manufactured homes were shipped.
  - **All shipments** of manufactured homes must be reported.
  - If no shipments are made for a particular month, enter **"No Shipments"**.
- This report must be completed in full and signed or it will be **rejected**.
  - A **separate** form must be submitted for **each month's shipments**.
  - Shipment fee of **\$30 per manufactured home** must accompany this report, or it will be rejected.

Manufacturer Registration Number (The number on the bottom of your Manufacturer Certificate)	Manufacturer Name (Please enter the name as it appears on your Manufacturer Certificate)	Telephone Number (Please include area code)
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Manufacturer Plant Address	City, State, Zip Code
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COMPLETE SERIAL NUMBER	HUD LABEL NUMBER	DATE HOME MANUFACTURED	DATE SHIPPED	DEALER NAME & ADDRESS <small>(DEALER NAME, CITY, STATE)</small>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Please attach additional sheets as necessary. Please carry over totals from previous pages and record grand totals at the bottom of the last page.	Total Number of Homes Shipped _____ x \$30 per home = \$ _____
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As an officer or representative of the manufacturing plant, I hereby state that the above statements are true and correct to my best knowledge and belief.

<b>SIGNATURE:</b> _____	<b>TITLE:</b> _____	<b>DATE:</b> _____
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