



**INSTALLATION INFORMATION FORM
MANUFACTURED HOUSING
PHONE 404 656 9498 FAX 404 657 6971**

INSTALLER COMPANY _____

LIC. # _____ CODE KEY # _____ MI _____

ADDRESS _____

MAIL TO:

CITY/STATE _____ ZIP _____

MANUFACTURED HOUSING SECTION
STATE FIRE MARSHALS OFFICE
2 MLK JR DRIVE W. TOWER 6TH FLOOR, SUITE 620
ATLANTA, GA 30334

TELEPHONE _____

E-MAIL _____

I certify that each of the units listed below were installed during the month of _____ 20____ and comply with all installation requirements of RULES AND REGULATIONS OF THE COMMISSIONER OF INSURANCE OFFICE.

INSTALLER'S SIGNATURE _____

Must be typed or printed
Submit by 10th of month

| | | |
|----------------------|--------------|---------------------|
| HOMEOWNER _____ | COUNTY _____ | PERMIT # _____ |
| ADDRESS _____ | | DATE AFFIXED _____ |
| CITY/STATE/ZIP _____ | PHONE _____ | HUD # _____ |
| DEALER _____ | CITY _____ | SERIAL# _____ |
| MANUFACTURER _____ | CITY _____ | PROBE READING _____ |
| HOMEOWNER _____ | COUNTY _____ | PERMIT # _____ |
| ADDRESS _____ | | DATE AFFIXED _____ |
| CITY/STATE/ZIP _____ | PHONE _____ | HUD # _____ |
| DEALER _____ | CITY _____ | SERIAL# _____ |
| MANUFACTURER _____ | CITY _____ | PROBE READING _____ |
| HOMEOWNER _____ | COUNTY _____ | PERMIT # _____ |
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| CITY/STATE/ZIP _____ | PHONE _____ | HUD # _____ |
| DEALER _____ | CITY _____ | SERIAL# _____ |
| MANUFACTURER _____ | CITY _____ | PROBE READING _____ |

NEED MORE FORMS OR INFORMATION VISIT OUR WEBSITE www.gainsurance.org
FM391 (REV. 09/05)