NORTH CAROLINA MODULAR MANUFACTURER INFORMATION FORM

MFG PLANT NAME: ________________________________

PHYSICAL ADDRESS: ________________________________

MAILING ADDRESS: ________________________________

CITY, STATE, ZIP: ________________________________

PHONE/FAX/EMAIL: ________________________________

KEY PLANT PERSONNEL: (provide legible name, email address and phone extension, if applicable)

Main Contact Person: Name/Email: ________________________________

Engineering Manager: Name/Email: ________________________________

QC Manager: Name/Email: ________________________________

General Manager: Name/Email: ________________________________

Service Manager: Name/Email: ________________________________

Label Coordinator: Name/Email: ________________________________

THIRD PARTY AGENCY: __________________________

CERTIFICATION TYPE: RESIDENTIAL or COMMERCIAL (please circle one)

If commercial units will be produced, please list the type of modular products that will be most frequently built in your plant (i.e. Classrooms, Cell Towers, Electrical Shelters, Hotels, Restaurants, etc.):

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