

MANUFACTURED BUILDING

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MIKE CAUSEY, INSURANCE COMMISSIONER & STATE FIRE MARSHAL BRIAN TAYLOR, CHIEF STATE FIRE MARSHAL

NORTH CAROLINA MODULAR MANUFACTURER INFORMATION FORM

MFG PLANT NAME:				
PHYSICAL ADDRESS	:			
MAILING ADDRESS:				
CITY, STATE, ZIP:				
PHONE/FAX/EMAII				
KEY PLANT PERSON	NEL: (provide leg	ible name, email address and	d 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 AGEN	ICY:			
CERTIFICATION TY	PE: RESIDENTIA	AL or COMMERICAL (please	se circle one)	
		te list the type of modular proms, Cell Towers, Electrical S		