

## New York State Department of State Division of Building Standards and Codes

One Commerce Plaza 99 Washington Avenue, Suite 1160 Albany, NY 12231-0001 (518) 474-4073 Fax: (518) 486-4487 www.dos.ny.gov

## **Manufacturer's Quarterly Warranty Seal Report**

|  |                      |  |                |  | REPORTING PERIODS   |
|--|----------------------|--|----------------|--|---|
| Manufacturer's Certific  |                      |  |                | Mark an <b>X</b> in the box for the quarter reported<br>1 <sup>st</sup> Quarter: January 1 – March 31<br>☐ Postmarked by: April 30 <sup>th</sup><br>2 <sup>nd</sup> Quarter: April 1 – June 30 |   |
| DBA (doing business a  | <b>;</b>             |  |                | ☐ Postmarked by: July 30 <sup>th</sup> 3 <sup>rd</sup> Quarter: July 1 – September 30 ☐ Postmarked by: October 30 <sup>th</sup>  |   |
| Number and Street  City, State, ZIP Code   |                      |  |                | 4 <sup>th</sup> Quarter: October 1 – December 31  Postmarked by: January 30 <sup>th</sup> Indicate year: <b>20</b> Failure to complete quarterly reporting may                                 |   |
|  |                      |  |                |  | be subject to penalties as prescribed by<br>Article 21-B. |
| I NO Homos Manutacturod I '  |                      | nark an <b>X</b> in the box  |                | or sale to a retailer in the State of New hark <i>NONE</i> in Manufactured Units   |   |
| Has your address or business information changed?  |                      | If so, call the Dept. of State at (518) 474-4073 or mark an <b>X</b> in the box and enter new information above.   |                |  | <b>X</b> in the box and enter new information             |
| Final Report?  |                      | If so, mark an $\boldsymbol{X}$ in the box if you are discontinuing your business operations and this is your final report. Attach your <b>Certification and unused warranty seals</b> to this report. |                |  |   |
| MANUFACTURED   | UNITS                |  |                |  |   |
| Warranty Seal No.  | Unit S<br>Unit Seria | pecific Information  | Delivery Point |  |   |
|  | Model Name/No.       |  | Address        |  |   |
|  | Unit Serial No.      |  | Name           |  |   |
|  | Model Name/No.       |  | Address        |  |   |
|  | Unit Serial No.      |  | Name           |  |   |
|  | Model Name/No.       |  | Address        |  |   |
|  | Unit Serial No.      |  | Name           |  |   |
|  | Model Name/No.       |  | Address        |  |   |
|  | Unit Serial No.      |  | Name           |  |   |
|  | Mode Name/No.        |  | Address        |  |   |
| Where to mail reports New York State Depart Division of Building Sta One Commerce Plaza, 99 Washington Avenue Albany, NY 12231 | tate<br>nd Codes     |  |                | For office use only  |   |

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## Manufacturer's Quarterly Warranty Seal Report

Manufacturer's Certification Number →

| Init Specific Information  init Serial No.  odel Name/No.  odel Name/No.  odel Name/No.  odel Name/No. | Delivery Point Name  Address  Name  Address  Name  |
|--|--|
| odel Name/No.  nit Serial No.  odel Name/No.  nit Serial No.   | Address  Name  Address   |
| nit Serial No.  odel Name/No.  nit Serial No.  | Name Address   |
| odel Name/No.<br>nit Serial No.  | Address  |
| nit Serial No.   |  |
|  | Name   |
| odel Name/No.  |  |
|  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
| nit Serial No.   | Name   |
| odel Name/No.  | Address  |
|  | it Serial No.  del Name/No.  it Serial No.  del Name/No. |

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## Manufacturer's Quarterly Warranty Seal Report

| Manufacturer's Certifica  | ation Number •            |                |                   |  |  |  |  |  |
|---|---------------------------|----------------|-------------------|--|--|--|--|--|
| MANUFACTURED UNITS  |                           |                |                   |  |  |  |  |  |
| Warranty Seal No.   | Unit Specific Information | Delivery Point |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
|   | Unit Serial No.           | Name           |                   |  |  |  |  |  |
|   | Model Name/No.            | Address        |                   |  |  |  |  |  |
| Accountability for Unused Warranty Seals  Physical count of unused warranty seals remaining   |                           |                |                   |  |  |  |  |  |
| The undersigned Manufacturer certifies that it is certified as a manufacturer by the New York State Department of State pursuant to Article 21-b of Executive Law, that the information contained herein is correct to the best of its knowledge, information and belief and this report is filed pursuant to 19 NYCRR 1210, Manufactured Homes. The undersigned further certifies that they are approved to construct manufactured homes by the United States Department of Housing and Urban Development and all homes listed herein are constructed in accordance with all applicable federal, state, and local statutes, laws, codes, rules, and regulations.  Name of Manufacturer or Authorized Representative  Title |                           |                |                   |  |  |  |  |  |
|   | ·<br>                     |                |                   |  |  |  |  |  |
|   |                           |                | Daytime Telephone |  |  |  |  |  |

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