



# Building Standards and Codes

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

## Installer's Quarterly Warranty Seal Report

Installer's Certification Number ▶	
Name (as it appears on the Certification)	
DBA (doing business as) Name	
Number and Street	
City, State, ZIP Code	

### REPORTING PERIODS

Mark an **X** in the box for the quarter reported  
1<sup>st</sup> Quarter: January 1 – March 31

☐ Postmarked by: April 30<sup>th</sup>

2<sup>nd</sup> Quarter: April 1 – June 30

☐ Postmarked by: July 30<sup>th</sup>

3<sup>rd</sup> Quarter: July 1 – September 30

☐ Postmarked by: October 30<sup>th</sup>

4<sup>th</sup> Quarter: October 1 – December 31

☐ Postmarked by: January 30<sup>th</sup>

Indicate year: \_\_\_\_\_

Failure to complete quarterly reporting may  
be subject to penalties as prescribed by  
Article 21-B.

<b>No Homes Installed this Quarter?</b>	If you have not installed any homes in the State of New York for this reporting period mark an <b>X</b> in the box and mark <b>NONE</b> in Schedule of Installed Units section and then mail this report.	<input type="checkbox"/>
<b>Has your address or business information changed?</b>	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.	<input type="checkbox"/>
<b>Final Report?</b>	If so, mark an <b>X</b> 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.	<input type="checkbox"/>
<b>Accountability for Unused Warranty Seals</b>		
Physical count of unused warranty seals remaining ▶	<input type="text"/>	

The undersigned Installer certifies that it is certified as an installer 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 all homes listed herein are installed in accordance with all applicable federal, state, and local statutes, laws, codes, rules, and regulations.

Signature of Installer or Authorized Representative	Title
Printed Name of Installer or Authorized Representative	Daytime Telephone

### Where to mail reports and attachments

New York State Department of State  
Division of Building Standards and Codes  
One Commerce Plaza, Suite 1160  
99 Washington Avenue  
Albany, NY 12231  
Or via email to: [quarterlyinstallerreports@dos.ny.gov](mailto:quarterlyinstallerreports@dos.ny.gov)

For office use only

# Installer's Quarterly Warranty Seal Report

Installer's Certification Number ▶		
<b>SCHEDULE OF INSTALLED UNITS</b>		
Warranty Seal No.:	Unit Serial No.:	Name of owner:
Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
<input type="checkbox"/> New home <input type="checkbox"/> Relocated home		
Warranty Seal No.:	Unit Serial No.:	Name of owner:
Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
<input type="checkbox"/> New home <input type="checkbox"/> Relocated home		
Warranty Seal No.:	Unit Serial No.:	Name of owner:
Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
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Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
<input type="checkbox"/> New home <input type="checkbox"/> Relocated home		
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Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
<input type="checkbox"/> New home <input type="checkbox"/> Relocated home		
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Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
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Date of installation:	<input type="checkbox"/> Single section <input type="checkbox"/> Multi section Manufacturer Name and City, State	(911) Address of installation:
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