RETAILER MONTHLY NEW SALES REPORT

FROM:

LICENSE NO: _____

NAME: _____

ADDRESS: _____

_____

PHONE: _____

SUBMIT BY of Month To:

STATE OF ALABAMA
ALABAMA MANUFACTURED HOUSING COMMISSION
350 SOUTH DECATUR STREET
MONTGOMERY, ALABAMA 36104
TELEPHONE: (334) 242-4036 FAX (334) 240-3178

I certify that the following manufactured homes were sold

during the month of _____ _____, 20_____

SIGNED: _____

COMPLETE HUD LABEL NUMBER	COMPLETE MANUFACTURER'S SERIAL NUMBER	MANUFACTURER'S NAME	YEAR MFD.	SALESPERSON LICENSE NUMBER	SOLD TO	SITE LOCATION COMPLETE ADDRESS	INSTALLER CERTIFICATION NUMBER