



OFFICE OF INSURANCE AND SAFETY FIRE COMMISSIONER

JOHN W. OXENDINE
COMMISSIONER OF INSURANCE
SAFETY FIRE COMMISSIONER
INDUSTRIAL LOAN
COMMISSIONER
COMPTROLLER GENERAL

SEVENTH FLOOR, WEST TOWER
FLOYD BUILDING
2 MARTIN LUTHER KING JR. DRIVE
ATLANTA, GEORGIA 30334
(404) 656-2056 or (404) 656-4031
www.gainsurance.org

Georgia Manufactured Homes Dealer Acknowledgment Form/Installation Notice Form

Manufactured Home Procedural and Enforcement Regulation, Section 3282.207, requires that a consumer manual be delivered to the consumer with each new home purchased. Also per the rules and regulations, a signed acknowledgement of receipt of this manual must be signed by the consumer to be kept in the consumer's file and a copy forwarded to this office. Forms may be printed from our website www.gainsurance.org. The situation has occurred recently wherein an inspector required the retailer/dealer to make certain repairs to the consumers' home because the consumer had not received a homeowner's manual and was not aware of requirements from the manufacturers that would have prevented the resultant damage. Likewise, be aware that Subpart F, 3282.255, requires that the dealer/retailer **MUST** complete the information card included in the homeowner's manual and forward it to the manufacturer of that home. This office will be enforcing both of these sections from this point forward.

**PURCHASER'S ACKNOWLEDGEMENT RECEIPT OF
MANUFACTURER'S INSTALLATION INSTRUCTIONS
AND/OR HOMEOWNER'S MANUAL / INSTALLATION NOTICE FORM**

DEALERSHIP _____

TELEPHONE NUMBER _____

LICENSE NUMBER _____ **E-MAIL ADDRESS** _____

I affirm that I (we) purchased the following new manufactured home and received the manufacturers' installation instructions and/or homeowner's manual on the date signed below.

MANUFACTURER _____

SERIAL NUMBER _____ **HUD LABEL** _____

INSTALLER COMPANY NAME _____

TELEPHONE NUMBER _____

LICENSE NUMBER _____ **E-MAIL ADDRESS** _____

CHECK ONE. NEW___ **USED**___ **REPO** ___ **OTHER** _____

COUNTY OF INSTALLATION _____

TENTATIVE DATE OF INSTALLATION _____

PURCHASER/CONSUMER:

Print Name

Address

Telephone number

Date

Please fax the above information to the State Fire Marshal Office at 404-657-6971 and mail original to:
State Fire Marshals Field Office, 2 MLK Jr. Drive, Suite 620, Atlanta, GA 30334.

Unit Locator (use additional sheets as necessary)

10/05/kd