Adjustment Report
Monthly Production Report

U.S. Department of Housing and Urban Development
Office of Manufactured Housing Programs

OMB Approval No. 2502-0233
expires 01/31/2013

The Manufactured Housing Procedural and Enforcement Regulations 24 CFR Part 3282 Section 501 authorizes the Secretary to take such actions to oversee the system as the Secretary deems appropriate. This from requires the manufacturer to report any adjustments to previously submitted monthly production reports. The information collected here will be used to request certification labels from the Secretary and confirm the receipt of the certification labels as required under these regulations. Public reporting burden for this collection of information is estimated to average 0.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Response to this information collection is mandatory under 42 U.S.C 5413(c)(3). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

Manufacturer's Name & Address	Factory Name & Address	
Manufacturer's Representative	Phone	Date (mm/dd/yyyy)
Report for month of (mm/yyyy)	IPIA	

Section I *(to add an unreported unit)*

Certification Label Number (include all zeros and agency prefix)	Manufacturer's M/H ID or Serial Numbers	Date of Manufacture (mm/dd/yyyy)	First shipping destination information				Type of Unit (*see below)
			Dealer's Name	City	State	Zip Code	

Section II *(to correct previously reported information)*

Certification Label Number (include all zeros and agency prefix)	Manufacturer's M/H ID or Serial Numbers	Date of Manufacture (mm/dd/yyyy)	Previous information	Correction	Type of Unit (*see below)

Section III *(to be completed for open destinations)*

Certification Label Number (include all zeros and agency prefix)	Manufacturer's M/H ID or Serial Numbers	Date of Manufacture (mm/dd/yyyy)	First shipping destination information				Type of Unit (*see below)
			Dealer's Name	City	State	Zip Code	

Distribution
Original - HUD's Contracting Agent
Copies to: IPIA
Manufacturer

***Type of Unit:**
Single-wide Unit (S)
Multi-wide Unit 1st Section (M1)
Multi-wide Unit 2nd Section (M2)
Multi-wide Unit 3rd Section (M3)