



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
STATE FIRE MARSHAL'S OFFICE
CODES ENFORCEMENT SECTION
MODULAR BUILDING PROGRAM**

Davy Crockett Tower
500 James Robertson Parkway
Nashville, Tennessee 37243-1162
Phone (615) 741-7190
FAX: (615) 253-3267

<http://tn.gov/commerce/sfm/modindex.html>

**TENNESSEE MODULAR BUILDING UNIT CERTIFICATION LABELS
DAMAGED LABEL REPORT INSTRUCTIONS**

All Tennessee Modular Building Unit Manufacturers and Third Party Construction Inspection Agencies (CIA) must use this form to report and return damaged Tennessee Modular Building Unit Certification Label(s) and report their replacement(s).

**Third Party Construction Inspection Agency (CIA) or
Tennessee Modular Building Unit Manufacturer**

The Third Party Construction Inspection Agency (CIA) or Tennessee Modular Building Unit Manufacturer must complete the top section of this form.

Tennessee Modular Building Unit Manufacturer

The Tennessee Modular Building Unit Manufacturer will complete Section "I" of the form. The form and damaged label(s) will then be sent to the manufacturer's Third Party Construction Inspection Agency (CIA) for forwarding to the Department.

Third Party Construction Inspection Agency (CIA)

Upon receipt of the Tennessee Modular Building Unit Certification Label(s) and this form from the Tennessee Modular Building Unit Manufacturer the Third Party Construction Inspection Agency (CIA) representative will complete Section "II". The Third Party Construction Inspection Agency (CIA) will assign replacement Tennessee Modular Building Unit Certification Label number(s) and then forward the completed form and damaged label(s) to the Department for processing.

Important!! Please Read and Follow Instructions!!

Please submit separate damaged label report forms for each different month during which unit with damaged labels were manufactured.

All items on the form **MUST** be completed prior to mailing application. If an item does not apply, simply put **N/A** or **None** in that space. Any blank spaces will result in a delay in processing.

This form **MUST** be processed as prescribed above. Any deviation from the process **WILL** result in a delay in receiving replacement labels.

If you have any questions regarding this procedure, feel free to call this office at (615) 741-7190.



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CIA / MANUFACTURER – DAMAGED LABEL REPORT

To be used only when returning label(s)

CIA or Mfg.: _____ CIA Code: _____ Date: _____

Address: _____ Phone: () _____

E-Mail Address: _____ Fax: () _____

Authorized Representative (Title): _____

Name: _____ Signature: _____

SECTION I: SHOWN BELOW NUMBER OF DAMAGED LABELS

To be completed by Manufacturer

Quantity _____ Label(s)

Month Label(s) Affixed to Unit: _____

New Label No. Affixed to Unit: _____

Label No(s). _____ through and including _____

Manufacturer's Facility: _____

Facility Address: _____

Phone: () _____ Fax: () _____

E-Mail Address: _____

**SECTION II: ASSIGNMENT OF REPLACEMENT LABELS BY CONSTRUCTION
INSPECTION AGENCY (CIA) TO MANUFACTURER**

To be completed by Construction Inspection Agency (CIA)

SHOWN BELOW LABEL NUMBER(S) ISSUED AS REPLACEMENT(S)

The following label number(s) are assigned to the specific manufacturing facility identified above.

Label No(s). _____ through and including _____

CIA Representative: _____ Date: _____

Copy and complete form. Submit original form to the Department and provide copies to the Construction Inspection Agency (CIA), as well as the Manufacturer's Files.