

Texas Department of Housing and Community Affairs

**MANUFACTURED HOUSING DIVISION**

P. O. BOX 12489 Austin, Texas 78711-2489

(877) 313-3023 FAX (512) 475-3506

Internet Address: [www.tdhca.texas.gov/mhd](http://www.tdhca.texas.gov/mhd)

**NOTICE OF INSTALLATION (FORM T)**

*(Please type or print clearly.)*

|                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                               |                                                             |                             |                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------|-------------------------------------------------------------|-----------------------------|----------------|
| <b>Manufacturer Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                        |             |                               |                                                             |                             |                |
| <b>Model:</b>                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                               |                                                             | <b>Date of Manufacture:</b> |                |
| <b>Label/Seal Number</b>                                                                                                                                                                                                                                                                                                                                                                                                         |             | <b>Complete Serial Number</b> |                                                             | <b>Width X Length</b>       |                |
| Section One:                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                               |                                                             | X                           |                |
| Section Two:                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                               |                                                             | X                           |                |
| Section Three:                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                               |                                                             | X                           |                |
| Section Four:                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                               |                                                             | X                           |                |
| <b>Consumer Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                            |             |                               |                                                             |                             |                |
| <b>Home Phone:</b>                                                                                                                                                                                                                                                                                                                                                                                                               |             | <b>Work/Cell Phone:</b>       |                                                             |                             |                |
| <b>Physical Address</b>                                                                                                                                                                                                                                                                                                                                                                                                          |             | <b>Mailing Address</b>        |                                                             |                             |                |
| <b>City/State/Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                            |             | <b>City/State/Zip</b>         |                                                             |                             |                |
| <b>County Where Home Installed:</b>                                                                                                                                                                                                                                                                                                                                                                                              |             | <b>Installation Date:</b>     |                                                             |                             |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>Name</b> | <b>Address</b>                | <b>City State Zip</b>                                       | <b>License #</b>            | <b>Phone #</b> |
| <b>Retailer</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                               |                                                             |                             |                |
| <b>Installer</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |             |                               |                                                             |                             |                |
| <b>Wind Zone:</b>                                                                                                                                                                                                                                                                                                                                                                                                                |             |                               | <b>Does retailer or installer provide skirting?</b>         |                             |                |
| <b>Is home installed in Frost Line Zone?</b>                                                                                                                                                                                                                                                                                                                                                                                     |             |                               | <b>Is this only a releaving?</b>                            |                             |                |
| <b>Is this a new or used home?</b>                                                                                                                                                                                                                                                                                                                                                                                               |             |                               | <b>If used, is installation part of the sales contract?</b> |                             |                |
| <b>The home was installed in accordance with:</b>                                                                                                                                                                                                                                                                                                                                                                                |             |                               |                                                             |                             |                |
| <p><b>The Notice of Installation (Form T) shall be submitted to the Department along with the required fee no later than the 7th day after which the installation is completed and should not be submitted with the title documents.</b></p> <p><b><u>TEX. ADMIN. CODE §80.3(b)(1)</u> There is a reporting fee of \$75 for the installation of a single section manufactured home and \$25 for each additional section.</b></p> |             |                               |                                                             |                             |                |
| <p>I verify that I am a licensed installer, that I am responsible for the installation described, and that the information supplied is true and correct. Executed this _____ day of _____, _____.</p>                                                                                                                                                                                                                            |             |                               |                                                             |                             |                |
| _____<br>Signature (Retailer/Installer)                                                                                                                                                                                                                                                                                                                                                                                          |             |                               | _____<br>Name (print or type)                               |                             |                |