

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/mh](http://www.tdhca.texas.gov/mh)

You may fax or email this report within 3 working days from the date of installation. Email at [installations@tdhca.texas.gov](mailto:installations@tdhca.texas.gov) or Fax to (512) 475-3506. Mail the original and fee by regular mail to the address on the letterhead.

**PROVISIONAL  
INSTALLATION**

**NOTICE OF INSTALLATION (FORM T)**

Manufacturer Name:					
Model:		Date of Manufacture:			
Label/Seal Number		Complete Serial Number		Width X Length	
Section One:					
Section Two:					
Section Three:					
Consumer Name:					
Home Phone:		Work/Cell Phone:			
Physical Address:		Mailing Address:			
City/State/Zip:		City/State/Zip:			
County Where Home is Installed:		Installation Date:			
Wind Zone:	<input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	Wind Zone:			
Is this only a releveling? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the home labeled for alternate construction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Name	Address	License #	Expiration Date	Phone #
Retailer					
Installer					
Is home installed in Frost Line Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does retailer or installer provide skirting? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is installation part of sales contract of used home? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable					
<u>New Home</u> - The home has been installed in accordance with:					
<input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____). <input type="checkbox"/> 2. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).					
<u>Used Home</u> :					
<input type="checkbox"/> 1. Manufacturer's Home Installation Instructions (provide page number or option _____). <input type="checkbox"/> 2. State Generic Standards - Title 10 Texas Administrative Code (10 TAC) §§80.22, 80.23, 80.24, and 80.25. <input type="checkbox"/> 3. A stabilization system registered with the Department in accordance with 10 TAC §80.26 - provide name of system or reference to MHD Approval Letter or registration_____ <input type="checkbox"/> 4. A Special Foundation System (attach a copy of the drawing for this system and provide a reference, if applicable, to any drawing previously submitted).					
<b>FOR USED HOMES, IF NO METHOD IS CHECKED, IT WILL BE PRESUMED THAT OPTION 2 (STATE GENERIC STANDARDS) WAS USED.</b>					

The Installation Report (Form T) shall be submitted to the Department along with the required fee no later than the 3rd day after which the installation is completed and should not be submitted with the title documents.

**TEX. OCC. CODE §1201.206(i):** On secondary moves the notice must be accompanied by either the original notice of installation or a certification that a true and correct copy of the notice of installation has been provided to the chief appraiser of the county where the home is installed. The delivery of the copy of the notice to the chief appraiser may be accomplished by either certified mail or by electronic mailing of the electronically reproduced document in a commonly readable format.

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature (Retailer/Installer)

\_\_\_\_\_  
Name (print or type)

**NOTE: A minimum of five (5) provisional installations must be inspected without violations for a provisional installer's license to become a full installer's license.**

**Department Use Only**

<input type="checkbox"/> Inspected Without Violations	<input type="checkbox"/> Not Inspected, Unable to Locate
<input type="checkbox"/> Inspected With Violations	<input type="checkbox"/> Not Inspected, No Unit At Location
<input type="checkbox"/> Not Inspected, Unit Skirted	<input type="checkbox"/> Not Inspected, Unit Not Accessible _____

Footings	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed	Home Connections	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed
Anchors	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed	Crossover Connections	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed
Piers	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed	Skirting	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed
Pier Placement	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed	Weatherproofing	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed
Ties	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed	Site Prep	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> Not Observed

Notes \_\_\_\_\_

Inspection Date: \_\_\_\_\_ HUD/Seal #: \_\_\_\_\_

*I hereby certify on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ that the above inspection results are true and correct to the best of my knowledge and belief.*

Inspector Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
*Inspector Signature Required*

**DRAW MAP BELOW**

