

MONTHLY USE REPORT FOR ISSUED INSTALLATION INSIGNIAS

NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS

SFN 58347 (8/16)

Due Date 15 th of each month	Issued To	Address	
ID Number	City	State	ZIP Code
Telephone Number	Insignia Numbers on Hand		

I certify that each insignia was affixed only to assigned unit(s) at the location(s) listed below. I herewith consent to all necessary inspections incident to the issuance of insignia.

Signature	Date
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Insignia Number Affixed	Date Affixed	Installer ID Number	Number of Sections	HUD Number	Serial Number	Homeowners Name, Property Address and City