

**PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR  
PROPERLY FILLING OUT THE CERTIFICATE OF INSPECTION  
FORMS AND PROPERTY LOCATOR/INSPECTION REPORT FORM**

**RETAILER/DEVELOPER:** To ensure compliance with Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each retailer/developer to submit a legible and properly completed **EXHIBIT “A” Retailer/Developer Certificate of Inspection** form to the Factory-Built Home Division of the State Fire Marshal’s Office for **all** factory-built, manufactured, mobile or modular homes **within seventy-two (72) hours (3 days) of the installation of home** during regular business hours.

**INSTALLER/TRANSPORTER:** To ensure compliance with Miss. Code Ann. § Section 75-49-9(2), it shall be the responsibility of each installer/transporter to submit a legible and properly completed **EXHIBIT “B” Property Locator/Installer Certificate of Inspection** form to the Factory-Built Home Division of the State Fire Marshal’s Office for all factory-built, manufactured, mobile or modular homes **within seventy-two (72) hours (3 days) of the installation of home** during regular business hours.

To access the State Fire Marshal’s web site for the Property Locator/Inspection Report form type in the following address link:

[www.mid.ms.gov/state\\_fire\\_marshall/instroplocinstallertrans.pdf](http://www.mid.ms.gov/state_fire_marshall/instroplocinstallertrans.pdf)

State of Mississippi  
Fire Marshal's Office  
Factory-Built Home  
P.O. Box 79  
Jackson, MS 39205-0079  
Office No: 601-359-1061  
Fax No: (601) 359-1076

**EXHIBIT "A"**

**RETAILER/DEVELOPER CERTIFICATE OF INSPECTION**

**RETAILER/DEVELOPER**

**INSTALLER/TRANSPORTER**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

License No: \_\_\_\_\_

License No: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone No: \_\_\_\_\_

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Fax No: \_\_\_\_\_

Email (if available): \_\_\_\_\_

Email (if available): \_\_\_\_\_

**CONSUMER**

Name: \_\_\_\_\_

Serial No: \_\_\_\_\_ Size: \_\_\_\_\_

E911 Address: \_\_\_\_\_

HUD No: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Wind Zone: \_\_\_\_\_ Unit Size: \_\_\_\_\_

New Home:  Single wide unit:

Used Home:  Double wide unit:

Telephone No: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_

County where home is located: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**DIRECTIONS:** Directions must start from a known (be specific) starting point so that the Field Inspector may proceed to the location of the manufactured home. For example, use route # and pertinent street and road names. Use left, right or preferably compass directions, (north, south, east, west). Refrain from the use of such landmarks as dealerships, vehicles, and service stations, as they are subject to name changes and physical relocation. As an option, a GPS Coordinate may be provided in Degree/Decimal format (32.30411,-9018356).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I HEREBY CERTIFY THAT THIS HOME IS INSTALLED ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS OR, IF A USED HOME, MH-5, AS AMENDED, AND IS READY FOR INSPECTION ON THIS DATE: \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.**

Retailer/Developer: \_\_\_\_\_

(Print Name)

\_\_\_\_\_  
(Signature)

Revised 11/2013

**EXHIBIT "B"**  
**PROPERTY LOCATOR/INSTALLER CERTIFICATE OF INSPECTION**

Retailer's Name: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Fax No: \_\_\_\_\_  
 Email (if available): \_\_\_\_\_

Installer's Name: \_\_\_\_\_  
 License No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 Fax No : \_\_\_\_\_  
 Email (if available): \_\_\_\_\_

Consumer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone No: \_\_\_\_\_  
 County Where Home is Located: \_\_\_\_\_

Serial No: \_\_\_\_\_  
 HUD No: \_\_\_\_\_  
 Wind Zone: \_\_\_\_\_ Unit Size: \_\_\_\_\_  
 New Home:  Single wide unit:   
 Used Home:  Double wide unit:   
 Model: \_\_\_\_\_ Year: \_\_\_\_\_  
 Manufacturer: \_\_\_\_\_

Date of Installation: \_\_\_\_\_

**INSPECTION CHECKLIST:** The installation of every manufactured home shall be inspected for each of the installation elements included in the checklist below. The checklist must include assurance that each of the following elements complies with the MS Installation Standards.

**Soil Classification Test Probe Information (Installer only):**

Soil test probe reading (ft-lbs): _____	Soil test probe reading (ft-lbs): _____
Depth of Probe for reading (ft): _____	Depth of Probe for reading (ft): _____
(Right front) (Left front)	(Right rear) (Left rear)
Soil test probe reading (ft-lbs): _____	
Depth of Probe for reading (ft): _____	Class of anchor used**: _____
(Front Center) (Rear center)	<b>(**) <u>If no soil tests were conducted C4 anchors shall be installed.</u></b>

	<u>Installer</u>	<u>Fire Marshal</u>	<u>Comment</u>
1. Site Preparation .....	<input type="checkbox"/>	<input type="checkbox"/>	
2. Soil pad under home properly graded before setting home.....	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proper Site Drainage .....	<input type="checkbox"/>	<input type="checkbox"/>	
4. No. of Perimeter Piers .....	_____	_____	
Piers at opening greater than 48"..	<input type="checkbox"/>	<input type="checkbox"/>	
Piers located at exit doorways.....	<input type="checkbox"/>	<input type="checkbox"/>	
5. Soil load bearing capacity (psf)....	_____	_____	
6. No. of Marriage Wall piers.....	_____	_____	
7. Pier construction:			
Corner piers.....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers to 36".....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers 36" to 67".....	<input type="checkbox"/>	<input type="checkbox"/>	
Piers over 67".....	<input type="checkbox"/>	<input type="checkbox"/>	
Plates.....	<input type="checkbox"/>	<input type="checkbox"/>	
Shims.....	<input type="checkbox"/>	<input type="checkbox"/>	
8. Pier Spacing .....	<input type="checkbox"/>	<input type="checkbox"/>	

	<u>Installer</u>	<u>Fire Marshal</u>	<u>Comment</u>
9. Anchors and ties.....	<input type="checkbox"/>	<input type="checkbox"/>	
Proper anchor for soil class..	<input type="checkbox"/>	<input type="checkbox"/>	
Installed to proper depth.....	<input type="checkbox"/>	<input type="checkbox"/>	
No. of diagonal ties .....	_____	_____	
Straps properly tensioned....	<input type="checkbox"/>	<input type="checkbox"/>	
10. Transit/pre-occupancy damage...	<input type="checkbox"/>	<input type="checkbox"/>	
11. Proper wind zones placement .....	<input type="checkbox"/>	<input type="checkbox"/>	
12. Ground moisture control (vapor barrier), if required.....	<input type="checkbox"/>	<input type="checkbox"/>	
13. Proper clearance under home....	<input type="checkbox"/>	<input type="checkbox"/>	
14. Required perimeter supports.....	<input type="checkbox"/>	<input type="checkbox"/>	
15. Proper Footings Installed.....	<input type="checkbox"/>	<input type="checkbox"/>	
16. Ground anchor/Stabilizer plate installations.....	<input type="checkbox"/>	<input type="checkbox"/>	
17. Crawlspace ventilation.....	<input type="checkbox"/>	<input type="checkbox"/>	
18. Utility connections .....	<input type="checkbox"/>	<input type="checkbox"/>	
19. Interconnection of multi-section homes .....	<input type="checkbox"/>	<input type="checkbox"/>	
20. Bottom board damage.....	<input type="checkbox"/>	<input type="checkbox"/>	
21. Dryer venting/appliance installation .....	<input type="checkbox"/>	<input type="checkbox"/>	
22. Proprietary foundation pan system installed.....	<input type="checkbox"/>	<input type="checkbox"/>	
23. Type of proprietary foundation pan system used (Oliver, Tie Down)..	_____	_____	
24. Skirting not installed/awaiting inspection results.....	<input type="checkbox"/>	<input type="checkbox"/>	
25. Final leveling of home.....	<input type="checkbox"/>	<input type="checkbox"/>	

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Installer: \_\_\_\_\_ (Print Name) \_\_\_\_\_ (Signature)

Whoever fails to comply with an order issued by the State Fire Marshal's Office under the provisions of "The Uniform Standards Code for Factory-Built Homes Law" Section 75-49-19, Mississippi Code 1972, Annotated, shall be subject to penalties as described by law.

Date Inspected: \_\_\_\_\_ Fire Marshal's Signature: \_\_\_\_\_

Passed:  Failed:  Inspection Decal No.: \_\_\_\_\_

**DIRECTIONS TO HOME:** Directions must start from a known (be specific) starting point so that the Field Inspector may proceed to the location of the manufactured home. For example, use route # and pertinent street and road names. Use left, right or preferably compass directions, (north, south, east, west). Refrain from the use of such landmarks as dealerships, vehicles, and service stations, as they are subject to name changes and physical relocation. As an option, a GPS Coordinate may be provided in Degree/Decimal format (32.30411,-90.18356).

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