

EFFECTIVE DATE: OCTOBER 01, 2005

STATE OF FLORIDA
DEPARTMENT OF COMMUNITY AFFAIRS
BUILDING CODES & STANDARDS

(850) 922-6074/6075
www.floridabuilding.org
Manufactured Buildings Program

2555 Shumard Oak Blvd.
Sadowski Building
Tallahassee, FL 32399-2100

MANUFACTURER APPLICATION FOR STATE APPROVAL
FORM FMBP 1-00

Manufacturer Information: Manufacturer I. D.# _____ (to be assigned by DCA)

1. Manufacturer: _____		Subsidiary of: _____	
2. Office address: _____			
Street: _____		City: _____	
State: _____		Zip: _____	
Post Office Box Number: _____		City: _____	
State: _____		Zip: _____	
Phone#: _____		Fax#: _____	
E-mail Address: _____			
3. Names of Officers as applicable: () Ownership, () Partnership, or () Corporation			
President/Owner: _____		General Manager: _____	
Contact Person and title: _____		Phone# _____	
Partners: _____			
Directors: _____			
Registered Agent & phone#: _____			
4. Federal I.D.#: _____		5. Manufacturer's Agency: _____	
6. Street Address of Manufacturing Facility: _____			
Quality Control Manager: _____		Phone#: _____	

Product information: The manufacturer requests approval to manufacture the following under the Manufactured Buildings Program for installation in Florida.

7. To manufacture: a) New three dimensional buildings _____, b) Modify used buildings for re-certification _____	
c) Components (specify) _____.	
8. Occupancy type: a) Business _____, b) Residential _____, c) Educational _____, d) Storage _____, e) _____	
9. Construction Type (type I through VI): _____	
10. Trade Name of Product (if any): _____	
11. Description of the product to be manufactured and material (wood, steel, or concrete) used: _____	

Enclosure submitted: Must be submitted through the manufacturer's agency

- () 1. Application fee \$300. Additional plants \$100 each. Payable online.
- () 2. Certification fee \$300 for 3 years. Additional plants certification fee \$150 each for three years.
- () 3. Copy of Certificate of Product Liability Insurance \$1,000,000 minimum.
- () 4. Copy of plan review and inspection agreement between manufacturer and agency.
- () 5. Description of manufacturing facility.

I hereby certify that I am authorized to submit this application and affirm that the manufacturer shall abide by the Florida Manufactured Buildings Act and Rules 9B-1 of the Florida Administrative Code.

Applicant's Name and Title (Print or Type)
President, VP, or General Manager

Applicant's Signature

Date