

EFFECTIVE DATE: OCTOBER 01, 2005  
STATE OF FLORIDA  
DEPARTMENT OF COMMUNITY AFFAIRS  
BUILDING CODES & STANDARDS

(850) 922-6074/6075  
[www.floridabuilding.org](http://www.floridabuilding.org)  
Manufactured Buildings Program

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

## MANUFACTURER'S RENEWAL APPLICATION FORM FMBP 3-00

**RENEWAL YEAR:** \_\_\_\_\_

**NOTICE:** The Department must be in receipt of renewal application with fee no later than expiration date of certification.  
Each manufacturing facility must renew individually.

**Renewal Fee:** [ ] payable online. Pay \$300 for initial plant; \$150, each additional plant.

**Name of Manufacturer:** \_\_\_\_\_

Street Address of Office: \_\_\_\_\_

Mailing Address of Office: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ FedEx #(optional) \_\_\_\_\_

**Names of Officers** as applicable: ( ) Ownership, ( ) Partnership, or ( ) Corporation

President/Owner: \_\_\_\_\_ General Manager: \_\_\_\_\_

Contact Person and title: \_\_\_\_\_ Phone# \_\_\_\_\_

Partners: \_\_\_\_\_

Directors: \_\_\_\_\_

Registered Agent (If applicable): \_\_\_\_\_

**Address of Manufacturing Facility:**

Address	In-plant Q.C. Manager	Phone#
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**Current Certificate of Product Liability Insurance for \$1,000,000:** [ ] A copy enclosed

**Third Party Inspection Agency(s) retained:** \_\_\_\_\_

\_\_\_\_\_

**Manufacturer is certified to manufacture:** \_\_\_\_\_

I certify that the ownership of the manufacturing company has not changed; the company will continue to manufacture products approved by the Department of Community Affairs; and the information provided in this renewal application is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Name and Title (Print)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date