



**TEXAS DEPARTMENT OF LICENSING AND REGULATION
COMPLIANCE DIVISION – INDUSTRIALIZED HOUSING AND BUILDINGS**

P.O. Box 12157 • Austin, Texas 78711 • (512) 463-7353 • (800) 803-9202 • FAX (512) 475-4364
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**REQUEST AND PAYMENT FOR INSIGNIA
(Based on sq ft of gross floor area)**

Manufacturer:	Reg #IHM-
Facility Address:	
Mailing Address:	Zip Code:
Manufacturer's Representative:	Phone #:
If you want insignia shipped overnight, please include a completed return airbill with your order. Order will be shipped overnight at your expense.	

All units to which these insignia are to be affixed shall meet the requirements of the mandatory state codes/standards in effect at the time of manufacture. The manufacturer is responsible for placing the assigned insignia number on a modular component of the proper size, i.e., square feet of gross floor area. Only certified manufacturers may purchase insignia.

We hereby request insignia to be affixed to modular components manufactured in the above facility as indicated below. Fee is calculated based on the floor area of the bathroom, kitchen, or other similar type of component.

Square Feet of Floor Area Per Component	Fee per Square Foot of Floor Area (\$0.07/sq ft gross floor area)	Fee per Component (\$15.00 Minimum)	Number of Insignia Requested	Fee Subtotal	DEPARTMENT USE ONLY - ASSIGNED INSIGNIA NUMBERS
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
	X \$0.07/sq ft floor area		X		
TOTALS =					

Enclosed is check # _____, dated _____, in the amount of \$ _____, made payable to the Texas Department of Licensing and Regulation.

Failure to provide all information could delay processing of your order.