



APPLICATION FOR STATE CERTIFICATION SEAL

State Form 28436 (R5 / 9-10)
Approved by State Board of Accounts, 2010

INDIANA DEPARTMENT OF HOMELAND SECURITY FIRE AND BUILDING CODE ENFORCEMENT

302 W Washington Street Room E241
Indianapolis, IN 46204
Telephone: 317-232-1407
Fax: 317-233-0307
www.in.gov/dhs



INSTRUCTIONS: Please complete all applicable areas of the form. Return to the Office of Fire and Building Code Enforcement at the above address, along with appropriate payment.

Name of Corporation			
Name of Manufacturing Facility			
Facility Location (number and street, city, state, and ZIP code)			
Email address		Telephone number ()	
Name of Third Party Inspection Agency or State Inspector			
As a condition to the issuance of these seals, applicant consents to all necessary inspections by a duly authorized representative indicated.			
Mobile Certification Seals	M- _____ Through M- _____ (Assigned by the OSM)	Quantity of seals _____	X \$65.00 ea. \$.00
Modular Certification Seals	P- _____ Through P- _____ (Assigned by the OSM)	Quantity of seals _____	X \$65.00 ea. \$.00
		Total Quantity of seals _____	X \$65.00 ea \$.00
I do hereby certify:			
<ol style="list-style-type: none"> 1. That each seal will be affixed to only the unit to which it is assigned and to which the Fire and Building Safety, Plan Review Division has issued a Design Release. 2. That all applicable rules of the Indiana Fire Prevention and Building Safety Commission have adhered to and that units are built to the appropriate codes and released design documents. 3. That seals will be affixed to units and the Fire and Building Code Enforcement Office will be notified within thirty (30) days thereafter. Until all seals are accounted for by unit serial number and system release number. 			
Signature of Owner or Authorized Agent			Date (month, day, year)
FOR OFFICE USE ONLY			
Seals mailed to :		Date mailed (month, day, year):	
Name of company		Mailed by :	
Address (number and street)			
City, State, and ZIP code			