

**IOWA STATE BUILDING CODE
MANUFACTURED HOME INSTALLATION SEALS ORDER FORM**

****ORDER FORM MUST BE FILLED OUT COMPLETELY****

PLEASE ALLOW TWO (2) WEEKS FOR SHIPMENT OF SEALS

DEALER/INSTALLER CERTIFICATION NUMBER: _____

RETAILER/INSTALLER: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP CODE: _____ TELEPHONE NUMBER: _____

EMAIL ADDRESS: _____

NUMBER OF TIE-DOWN INSTALLATION SEALS (SILVER) ORDERED:

_____ AT \$25.00 EACH = TOTAL \$ _____

_____ DATE OF ORDER: _____

(Name and Title-printed)

(Signature)

Checks must be made payable to the "Treasurer, State of Iowa" and forwarded with this order form to the address listed below:

Iowa Department of Public Safety
Division of State Fire Marshal
State Building Code Bureau
215 E 7th St
Des Moines, IA 50319

***FOR OFFICE USE ONLY:**

| Date Order Received | Number of Seals Ordered | Check Number | Amount of Check | Date Order Sent |
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