

DIVISION OF BUILDING SAFETY
 Manufactured Housing Section
 1090 E Watertower St Ste 120
 Meridian, ID 83642
 FAX : 208-855-9399

FOR DIVISION USE ONLY	
Compliance Certificate Issued	
By:	_____
Title:	_____
Date:	_____

MOBILE HOME REHABILITATION CHECKLIST -- COMPLIANCE CERTIFICATE (TITLE 44 CHAPTER 25 IDAHO CODE)

These rehabilitation/testing requirements are applicable only to non-HUD mobile homes manufactured prior to June 15, 1976. Separate permits and inspections may be required for any repairs made to plumbing or electrical systems. Additional permits may be required by the local authority having jurisdiction in order to do any work or make any repairs on the mobile home not involving plumbing or electrical systems. Check with your local building department to determine the need for permits and inspections before initiating any repair work or before installing your mobile home at a new site.

The undersigned installer/service company representatives, electrical or plumbing contractors attest and verify that rehabilitative repairs and testing have been completed in accordance with Title 44 - Chapter 25 Idaho Code:

1. Smoke Detection	DBS Licensed Installer/Service Co. Rep.	Installer/Service Co. License #	Date
2. Egress Windows/Exterior Exit Doors From All Sleeping Areas	DBS Licensed Installer/Service Co. Rep.	Installer/Service Co. License #	Date
3. Fire Protection of Gas Water Heater/ Furnace Compartments	Home is equipped with gas water heater or furnace. _____ Yes _____ No		
Verified or Repaired By	DBS Licensed Installer/Service Co. Rep.	Installer/Service Co. License #	Date
4. Gas System Testing/Repairs	Home has gas appliances _____ Yes _____ No		
If Yes, Testing Performed By	DBS Licensed Installer/Srvc Co. License #	Date	Gas Utility Date
Repairs (If Required) Made By	DBS Licensed Installer/Service Co. Rep. Or Licensed HVAC Contractor	License #	Date
5. Electrical System Testing Performed By	DBS Licensed Electrical Contractor	License #	Date
Repairs (If Required) Made By	DBS Licensed Electrical Contractor	License #	Permit # Date
6. Water/DWV System Test Performed By	DBS Licensed Plumbing Contractor	License #	Date
Repairs (If Required) Made By	DBS Licensed Plumbing Contractor	License #	Permit # Date

NAME ON TITLE: _____	HOME VIN #: _____
HOMEOWNER NAME: _____	TELEPHONE: _____
HOMEOWNER MAILING ADDRESS: _____	
LOCATION OF HOME AT TIME OF REHABILITATION/TESTING: _____	

MAIL OR FAX COMPLETED FORM TO THE DIVISION ADDRESS LISTED AT THE TOP OF THIS FORM