

Telephone: 1 877 526-1526
www.bcreg.ca

Mailing Address: PO Box 9431 Stn Prov Govt
Victoria BC V8W 9V3

Courier Address: 200 – 940 Blanshard Street
Victoria BC V8W 3E6

| | | | | | | | |
|--|--|----------------|--|-------|---------------------------|---------------|----------|
| 1. NAME OF OWNER(S) OF MANUFACTURED HOME | | | MAILING ADDRESS OF OWNER(S) | | | | |
| OWNER(S) LAST/FIRST/MIDDLE NAME | | | NUMBER, STREET OR ROAD | | | | |
| OWNER(S) LAST/FIRST/MIDDLE NAME | | | | | | | |
| OWNER(S) LAST/FIRST/MIDDLE NAME | | | | | | | |
| | | | CITY, POST OFFICE | | PROVINCE POSTAL CODE | | |
| 2. CURRENT LOCATION OF MANUFACTURED HOME | | | | | | | |
| A. IN A MANUFACTURED HOME PARK <input type="checkbox"/> | | | B. ON LAND NOT IN A MANUFACTURED HOME PARK <input type="checkbox"/> | | | | |
| PARK NAME | | BAY OR PAD NO. | LOT | BLOCK | SECTION | DISTRICT LOT | TOWNSHIP |
| NUMBER, STREET OR ROAD | | | RANGE | | MERIDIAN | LAND DISTRICT | PLAN |
| CITY / TOWN / VILLAGE / MUNICIPALITY | | PROVINCE | | | | | |
| C. MANUFACTURER'S PREMISES <input type="checkbox"/> DEALER'S PREMISES <input type="checkbox"/> | | | NUMBER, STREET OR ROAD | | | | |
| NAME OF DEALER/MANUFACTURER | | | CITY / TOWN / VILLAGE / MUNICIPALITY PROVINCE | | | | |
| NUMBER, STREET OR ROAD | | | | | | | |
| CITY / TOWN / VILLAGE / MUNICIPALITY PROVINCE | | | | | | | |
| 3. MAILING ADDRESS OF PERSON PRESENTING THIS APPLICATION | | | 4. MANUFACTURED HOME DESCRIPTION | | | | |
| NAME | | | MAKE / MODEL | | | | |
| ADDRESS | | | YEAR OF MANUFACTURE | | SERIAL NUMBER | | |
| PROVINCE POSTAL CODE TELEPHONE NO. () | | | MANUFACTURED HOME REGISTRATION NUMBER | | | | |
| 5. DECAL REQUIRED | | | 6. STATE REASONS FOR REPLACEMENT | | | | |
| <input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR | | | OFFICE USE ONLY – DO NOT WRITE IN THIS AREA | | | | |
| 7. DECLARATION | | | | | | | |
| I / We declare that: | | | | | | | |
| 1. I / We _____ | | | | | | | |
| _____ am/are (or the duly authorized agent of) the person(s) named in this application as the owner(s) of the manufactured home described above. | | | | | | | |
| 2. The above information is true and correct. | | | | | | | |
| _____ () Signature of owner(s) or agent Telephone No. | | | | | | | |
| _____ () Signature of owner(s) or agent Telephone No. | | | | | | | |
| Date _____ 20 _____ | | | | | | | |
| Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the <i>Manufactured Home Act</i> for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3. | | | | | | | |