



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

**INSTRUCTIONS:**

This form must be completed for every transfer of ownership of a registered manufactured home, and requires the appropriate supporting documentation to accompany it. The Bill of Sale must accompany this form where any registered owner is selling their interest to a new owner.

**A transfer of ownership does not become effective until it is registered in the Manufactured Home Registry.**

Section 9 must be completed whenever there is more than one owner. If a notice of transfer is in relation to a transfer by a registered co-owner in a joint tenancy, or by a fractional interest owner, then you must specify:

- (a) that the new owner is a tenant in common, and
- (b) the fractional interest held by each owner/tenant in common to be shown on the register.

**Note: A Bill of Sale (form 30 MHR) must accompany this form when a transfer is the result of a sale.**

If you have questions please refer to our website:  
[www.bcreg.ca/mhr](http://www.bcreg.ca/mhr) or contact the Manufactured Home Registry at  
1-877-526-1526.

\* Fields with an asterisk are mandatory.

**\* STAFF USE ONLY**  
DOCUMENT ID

**1. MANUFACTURED HOME DESCRIPTION**

\* MANUFACTURED HOME REGISTRATION NUMBER \* MANUFACTURER

\* YEAR of

Manufacture \* MAKE

\* MODEL

\* SERIAL NUMBER(S)

**2. CURRENT LOCATION OF MANUFACTURED HOME**

\* CIVIC ADDRESS

STREET NO STREET NAME

\* CITY / TOWN / VILLAGE / MUNICIPALITY

\* PROVINCE

☐ **A** MANUFACTURED HOME IS LOCATED IN A MANUFACTURED HOME PARK

PAD NO.

MANUFACTURED HOME PARK NAME

OR

☐ **B** MANUFACTURED HOME IS LOCATED AT A MANUFACTURER'S OR DEALER'S SALES LOT

DEALER NAME

OR

☐ **C** LEGAL LAND DESCRIPTION

**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 *Manufactured Home Act* 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

**Item 1** Manufacturer name is the legal business name.

**Item 2** Complete Civic Address and A, B, or C.

**Item 3** Enter full name of owner(s) as shown on the Manufactured Home Register.

**Item 4** Declared Value is the market / assessed value of the home in Canadian Dollars.

o Consideration is the amount in Canadian Dollars that is listed on the Bill of Sale.

o Date of Execution is the date from Bill of Sale.

**Item 5** If more than one owner, provide all owner information on schedule B.

**Item 7** Registry documents will be mailed to the Submitting Party address.

**3. MANUFACTURED HOME REGISTERED OWNERS**

Where the seller is a corporation, did the entity exist at the date the transfer was executed?

☐

YES

☐

NO



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4. TRANSFER DETAILS  
\* DECLARED VALUE

CONSIDERATION

DATE OF EXECUTION  
YYYY / MMM / DD

\* LAND OWNERSHIP / LEASE

Is the manufactured home located on land that the  
new owners own or have a registered lease of not  
less than 3 years?

☐ YES  
☐ NO

5. NAME OF ALL OWNERS OF THE MANUFACTURED HOME AS OF THIS CHANGE

SPECIFY OWNER TYPE - (Select one): ☐ OWNER ☐ EXECUTOR ☐ ADMINISTRATOR ☐ BANKRUPTCY TRUSTEE

SPECIFY TENANCY TYPE - (Select one): ☐ SOLE OWNER ☐ JOINT OWNERSHIP ☐ TENANTS IN COMMON (If tenants in common you must provide  
Group \_\_\_\_ of \_\_\_\_ and Group Ownership Amount \_\_\_\_ / \_\_\_\_ )

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

- OR - LEGAL BUSINESS NAME

ADDITIONAL INFORMATION / ESTATE NAME

6. MAILING ADDRESS OF OWNER

\* NUMBER, STREET, ROAD OR PO BOX

\* CITY

\* PROVINCE

\* POSTAL CODE

TELEPHONE  
( )

EMAIL

7. SUBMITTING PARTY

☐ Owner is submitting party

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

BUSINESS NAME

\* NUMBER, STREET, ROAD OR PO BOX

\* CITY

\* PROVINCE

\* POSTAL CODE

TELEPHONE  
( )

EMAIL

8. SIGNATURE OF SUBMITTING PARTY

☐ SELLER ☐ PURCHASER ☐ AUTHORIZED AGENT

I have reviewed and confirmed that the information provided is true and correct.

If the submitting party is an organization, I confirm that I am an authorized person to sign on behalf of the organization.

PRINT NAME OF SUBMITTING PARTY

SIGNATURE OF SUBMITTING PARTY

DATE SIGNED (YYYY / MMM / DD)

X



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**9. SCHEDULE B - TENANTS IN COMMON OR JOINT OWNERSHIP**

If tenants in common, you must provide group number and each group ownership amount (eg. 1/3). If joint tenancy, then do not provide group number or group ownership amount as this is for equal ownership only.

**SPECIFY OWNER TYPE - (Select one):** ☐ OWNER ☐ EXECUTOR ☐ ADMINISTRATOR ☐ BANKRUPTCY TRUSTEE

**SPECIFY TENANCY TYPE - (Select one):** ☐ JOINT OWNERSHIP ☐ TENANTS IN COMMON (If tenants in Common you must provide

Group \_\_\_\_ of \_\_\_\_ GROUP OWNERSHIP AMOUNT: \_\_\_\_ / \_\_\_\_ )

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

BUSINESS NAME

ADDITIONAL INFORMATION (eg. Estate name)

\* PHONE NUMBER

( )

\* NUMBER, STREET, ROAD OR PO BOX

\* CITY

\* PROVINCE/STATE

\* POSTAL CODE/ZIP CODE

**SPECIFY OWNER TYPE - (Select one):** ☐ OWNER ☐ EXECUTOR ☐ ADMINISTRATOR ☐ BANKRUPTCY TRUSTEE

**SPECIFY TENANCY TYPE - (Select one):** ☐ JOINT OWNERSHIP ☐ TENANTS IN COMMON (If tenants in Common you must provide

Group \_\_\_\_ of \_\_\_\_ GROUP OWNERSHIP AMOUNT: \_\_\_\_ / \_\_\_\_ )

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

BUSINESS NAME

ADDITIONAL INFORMATION (eg. Estate name)

\* PHONE NUMBER

( )

\* NUMBER, STREET, ROAD OR PO BOX

\* CITY

\* PROVINCE/STATE

\* POSTAL CODE/ZIP CODE

**SPECIFY OWNER TYPE - (Select one):** ☐ OWNER ☐ EXECUTOR ☐ ADMINISTRATOR ☐ BANKRUPTCY TRUSTEE

**SPECIFY TENANCY TYPE - (Select one):** ☐ JOINT OWNERSHIP ☐ TENANTS IN COMMON (If tenants in Common you must provide

Group \_\_\_\_ of \_\_\_\_ GROUP OWNERSHIP AMOUNT: \_\_\_\_ / \_\_\_\_ )

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

BUSINESS NAME

ADDITIONAL INFORMATION (eg. Estate name)

\* PHONE NUMBER

( )

\* NUMBER, STREET, ROAD OR PO BOX

\* CITY

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**SPECIFY OWNER TYPE - (Select one):** ☐ OWNER ☐ EXECUTOR ☐ ADMINISTRATOR ☐ BANKRUPTCY TRUSTEE

**SPECIFY TENANCY TYPE - (Select one):** ☐ JOINT OWNERSHIP ☐ TENANTS IN COMMON (If tenants in Common you must provide

Group \_\_\_\_ of \_\_\_\_ GROUP OWNERSHIP AMOUNT: \_\_\_\_ / \_\_\_\_ )

\* FIRST NAME

MIDDLE NAME

\* LAST NAME

BUSINESS NAME

ADDITIONAL INFORMATION (eg. Estate name)

\* PHONE NUMBER

( )

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