



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.

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 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

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 / MM / 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
* 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.
* EMAIL ADDRESS
PRINT NAME OF SUBMITTING PARTY SIGNATURE OF SUBMITTING PARTY DATE SIGNED (YYYY / MM / DD)



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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.

Form section 1: SPECIFY OWNER TYPE - (Select one): OWNER EXECUTOR ADMINISTRATOR BANKRUPTCY TRUSTEE
SPECIFY TENANCY TYPE - (Select one): JOINT OWNERSHIP TENANTS IN COMMON
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

Form section 2: SPECIFY OWNER TYPE - (Select one): OWNER EXECUTOR ADMINISTRATOR BANKRUPTCY TRUSTEE
SPECIFY TENANCY TYPE - (Select one): JOINT OWNERSHIP TENANTS IN COMMON
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

Form section 3: SPECIFY OWNER TYPE - (Select one): OWNER EXECUTOR ADMINISTRATOR BANKRUPTCY TRUSTEE
SPECIFY TENANCY TYPE - (Select one): JOINT OWNERSHIP TENANTS IN COMMON
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

Form section 4: SPECIFY OWNER TYPE - (Select one): OWNER EXECUTOR ADMINISTRATOR BANKRUPTCY TRUSTEE
SPECIFY TENANCY TYPE - (Select one): JOINT OWNERSHIP TENANTS IN COMMON
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