

**AFFIDAVIT / CORRECTION STATEMENT**

**BLOCK 1: Installer / Transporter Information**

Company Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ License No.: \_\_\_\_\_

**BLOCK 2: Home Owner Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Decal No.: \_\_\_\_\_ Telephone No.: \_\_\_\_\_ Serial No.: \_\_\_\_\_

**BLOCK 3: Items to be Corrected**

**BLOCK 4: Statement of Facts**

The undersigned hereby certifies that all corrections have been made and the above home has been installed in accordance with the Rules and Regulations for the Uniform Standards Code for Factory-Built Homes Law, Section 75-49-1, et seq., Mississippi Code, 1972, as amended.

**(Please mail to: State Fire Marshal's Office, P. O. Box 79, Jackson, MS 39205 or fax to (601) 359-1076)**

**BLOCK 5: Signature (Notarization is REQUIRED)**

\_\_\_\_\_  
(Signature of installer or authorized representative)

\_\_\_\_\_  
(Printed name and title of installer or authorized representative)

Before me personally appeared the person (s) whose signature (s) appear above, who by being sworn, upon oath, say that the statements set forth hereinabove are true and correct. Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
(Name of Notary Public)

SEAL

\_\_\_\_\_  
(Commission Expires)

Notary Public State of Mississippi