MONTHLY INSTALLATION AUTHORIZATION REPORT
NORTH DAKOTA DEPARTMENT OF COMMERCE/DCS
SFN 58352 (08/12)

Due Date 15th of each month	Certified Inspector/Installer
ID Number	Telephone Number

I certify that I have authorized the following installations. I have checked the installer ID number and their license is current.	
Signature	Date

Date Issued	Installer ID	HUD Label	Serial Number	Property Address

State of North Dakota
Department of Commerce
Division of Community Services
1600 East Century Avenue, Suite 2
PO Box 2057
Bismarck, ND 58502-2057