

**GEORGIA DEPARTMENT OF
COMMUNITY AFFAIRS
INDUSTRIALIZED BUILDINGS PROGRAM**

INSIGNIA REQUEST FORM

Name of Manufacturer
Re-Manufacturer / Agency: _____

Mailing / Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Title: _____

Phone Number: _____ Email: _____

INSIGNIA REQUESTED

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------------|--------------------------------|---------------|-------------------|-----------------|-------------------|------------|-----------------|
| Model Plans Approval No. | Building System Approval No.** | Occupancy Use | Type of Insignia* | No. of Insignia | Fee per module*** | Total Fees | Office Use Only |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Grand Total = _____

- * N = New, EX = Export, REM = Remanufacture, CSOB = Construction Site Office Building
- ** For Re-manufactured units, enter model serial number. **REQUIRED** for all New units. **NOT REQUIRED** for Export units.
- *** Fees: \$75 for New or Re-manufactured, \$25 for Export, \$50 for CSOB

Note: Insignias require the filing of a Disposition Report within 30 days of completion. All insignia requests will be shipped to the mailing / shipping address listed above unless otherwise requested. **Required: Please include a FedEx return shipping label with a tracking number.**

I hereby request the State of Georgia to forward to me State Industrialized Building Insignia in the above amounts. I certify these insignia will be affixed only to those units as required by the Rules of the Commissioner of Community Affairs. Where required, insignias will be affixed only after inspection approval has been given by the Commissioner or an Approved Inspection Agency.

As the authorized officer of the above named manufacturer, I understand these insignia are the property of the State of Georgia and the manufacturer / remanufacturer is, by law, responsible for their security, use and disposition at all times.

Authorized Signature

Official Position/Title

Date of Request

Email form to:

ib@dca.ga.gov

Telephone: 404-679-3118
IB-103 Form, Rev. 8-11-23

OFFICE USE ONLY

Insignia Application Approval No.: _____

Date Shipped: _____

How Shipped: _____

DCA IB Staff: _____

Comments: _____