



Manufactured Dwelling Trip Permit

State of Oregon

Department of Consumer & Business Services

Building Codes Division

1535 Edgewater NW, PO Box 14470

Salem, OR 97309-0404

(503) 373-1309, Fax (503) 378-4101, TTY (503) 373-1358

DRAFT COPY

This permit authorizes a **qualified** transporter to move the identified section of the identified home to a destination site within the state of Oregon. **The section move must occur between the Issue date and the Expire date specified on this permit.** Upon completion of the move, the transporter must report delivery information either on line or by completing and returning this form to the address below within 10 days. This permit must be carried by the transporter during the actual move.

Permit Info Permit ID: Issue date: Expire date:	Purchaser	Business ID no: Telephone no: Fax no: Mobile no:
---	------------------	---

	As Authorized	Actual (if different)
Home & Site Information	Home ID number	
	Manufacturer name	
	Model description	
	Section HUD number	
	Section Serial number	
	Number of axles/weight	

	As Authorized	Actual (if different - PLEASE PRINT)
Origin Address		

	As Authorized	Actual (if different - PLEASE PRINT)
Destination Addr.		

	As Authorized	Actual (if different- PLEASE PRINT)
Transporter	Transporter Name	
	Transporter Phone Number	

Completion	<p>Transporter: Complete, sign, and return this form to the Oregon Building Codes Division within 10 days of completion of the move. If any of the facts of this move are different from those pre-printed on this permit write in the correct information before submitting.</p> <p>_____ Pick-up date</p> <p>_____ Delivery date</p> <p style="text-align: right;">_____ Transporter signature</p>	<p>Report completed move information on line at bcd.oregon.gov</p> <p style="text-align: center;">- OR -</p> <p>Mail completed copy to: Oregon Building Codes Division Attn: Trip Permit Section P.O. Box 14470 Salem, OR 97309-0404</p>
-------------------	---	---