

MOBILE HOME REHABILITATION CHECKLIST – COMPLIANCE CERTIFICATE (TITLE 44 CHAPTER 25 IDAHO CODE)

These rehabilitation/testing requirements are applicable only to non-HID mobile homes manufactured prior to June 15, 1976. Separate permits and inspections are required for any repairs made to plumbing or electrical systems. Additional permits may be Required by the local authority having jurisdiction in order to do any work or make any repairs on the mobile home not involving plumbing or electrical systems. You should check with you local building department to determine the need for permits and inspections before initiating any repair work or before installing your mobile home at a new site.

The undersigned installer/service company representatives, electrical or plumbing contractors attest and verify that rehabilitative repairs and testing have been completed in accordance with Title 44 – Chapter 25 Idaho Code:

1. Smoke Detection	Licensed installer/Service Co. Representative	Installer/Service Co. License #	Date
2. Egress Windows/Exterior Exit Doors From All sleeping Areas	Licensed installer/Service Co. Representative	Installer/Service Co. License #	Date
3. Fire Protection of Gas Water Heater/ Furnace Compartments	Home is equipped with gas water heater or furnace. _____ YES _____ NO		
Verified or Repaired By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
4. Gas System Testing/Repairs	Home has gas appliances. _____ YES _____ NO		
If yes, Testing Performed By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
Repairs (If Required) Made By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
5. Electrical Testing systems Performed By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
Repairs (If Required) Made By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
Inspected By	State/City Inspector		Date
6. Water/DWV System Test Performed By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
Repairs (If Required) Made By	Licensed Installer/Service Co. Representative	Installer/Service Co. License #	Date
Inspected By	State/City Inspector		Date

HOMEOWNER: _____ HOME SERIAL NO: _____
HOMEOWNER BUSINESS TELEPHONE: _____
HOMEOWNER BUSINESS ADDRESS: _____
LOCATION O HOME AT TIME OF REHABILITATION/TESTING: _____