MANUFACTURER’S MONTHLY REPORT

Please send completed report to Alysia Henson [Alysia.henson@maryland,gov](mailto:Alysia.henson@maryland,gov)

Building Codes Administration

Division of Labor and Industry

Maryland Department of Labor

10946 Golden W Dr # 160

Hunt Valley, MD 21031

Phone: 410-767-2227

**Month \_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_**

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

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Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: The report shall be sent no later than the 10th day of the following month. If there is no unit delivered, indicate “None” on the report.

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| ATF’s Name | Date of Mfg. | Mfg.’s Serial # | ATF  Label # | Maryland  Insignia # | Mfg.’s Model # | Destination  (county/city) |
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Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_