

**Application  
For Special Acceptance  
Mobile Home or Recreational Vehicles**

**Manitoba Labour &  
Immigration**  
Office of the  
Fire Commissioner

508- 401 York Avenue  
Winnipeg MB R3C 0P8  
(204) 945-3322



**INSTRUCTIONS:** 1) PLEASE PRINT 2) FEE MUST ACCOMPANY APPLICATION  
3) MAKE CHQUES OR MONEY ORDERS PAYABLE TO MINISTER OF FINANCE  
(Do not send cash in mail).

**1) APPLICATION INFORMATION:**

a) Applicant Name \_\_\_\_\_  
b) Company Name (if applicable) \_\_\_\_\_  
c) Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_  
Postal Code \_\_\_\_\_ d) Phone Number \_\_\_\_\_

**2) DESCRIPTION OF UNIT:**

- A) TYPE OF UNIT:
- |                             |                       |
|-----------------------------|-----------------------|
| 1. Double –wide Mobile Home | 5. Motor Home         |
| 2. Conventional Mobile Home | 6. 5 th Wheel Trailer |
| 3. Travel Trailer           | 7. Truck Camper       |
| 4. Camping or Tent Trailer  | 8. _____              |

B) IDENTIFICATION:

1. Manufacture \_\_\_\_\_  
2. Trade Name \_\_\_\_\_ 3. Year Built \_\_\_\_\_  
4. Model No. \_\_\_\_\_ 5. Serial No. \_\_\_\_\_

C) SPECIFICATION:

1. Length \_\_\_\_\_ ft/ \_\_\_\_\_ in 2. Width \_\_\_\_\_ ft/ \_\_\_\_\_ in

**3) INSPECTION INFORMATION:**

A) PROPOSED USE:

1. Dwelling Units 2. Recreational Unit 3. Construction Camp 4. \_\_\_\_\_

B) LOCATION OF UNIT:

Address \_\_\_\_\_

C) ACCESS: Inspectors must have access to interior of unit. Please indicate any special arrangements necessary.  
\_\_\_\_\_  
\_\_\_\_\_

**4) MPI Claims information**

A. MPI Claim # (no inspection required) B. Previous Certification # \_\_\_\_\_  
C. MPI Claim # \_\_\_\_\_ D. Reason: \_\_\_\_\_

**5) SIGNATURE OF APPLICANT** \_\_\_\_\_ **Date** \_\_\_\_\_

**Department use only**

**\$45**

Assignment
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Authorized: _____	Date _____
_____ Inspector	

Permit #: <b>-SP</b>
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