INDUSTRIALIZED BUILDINGS COMMISSION
LOST LABEL REPORT
(Must be completed by Inspection Agency or Manufacturer within 5 days of discovery of loss.)

<table>
<thead>
<tr>
<th>Mfg. Facility</th>
<th>Insp. Agency Code</th>
<th>Date</th>
</tr>
</thead>
</table>

Address

Phone #: ( )

City State Zip

Authorized Rep.: (Print Name)

Title

Signature

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PART I: NUMBER OF LOST LABELS
(To be completed by Inspection Agency or Manufacturer)

<table>
<thead>
<tr>
<th>Lost Labels: (quant.)</th>
<th>Date Label Affixed:</th>
<th>New Label No. Assigned:</th>
<th>Lost Label #s: through and including</th>
</tr>
</thead>
</table>

INDIVIDUAL who discovered loss: Name

Address

INDIVIDUAL who last had possession of label(s): Name

Address

NOTE: If the police were contacted, please attach a copy of the police report.

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PART II: EXPLANATION OF LOSS
(To be completed by Inspection Agency or Manufacturer)

(One or more signed separate reports may be required and attached.)

INDIVIDUAL or LOSING PARTY: Please provide detailed written explanation, discuss the events that led to the loss, and what efforts were made towards recovery.

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REPLACEMENT LABELS WILL NOT BE ISSUED WITHOUT IBC AUTHORIZATION

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PART III: INSTRUCTIONS

1. Make two copies of this form. Retain a copy for your records.
2. Send the original and one of the copies to the Inspection Agency. Inspection Agency to send original to the IBC.

INDUSTRIALIZED BUILDINGS COMMISSION
505 Huntmar Park Drive, Suite 210
Herndon, Virginia 20170

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