

**INDUSTRIALIZED BUILDINGS COMMISSION
LOST LABEL REPORT**

(Must be completed by Inspection Agency or Manufacturer within 5 days of discovery of loss.)

Mfg. Facility _____ Insp. Agency Code: _____ Date: _____

Address _____ Phone #: () _____ - _____

City _____ State _____ Zip _____

Authorized Rep.: _____ Title _____
(Print Name)

Signature _____

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

Lost Labels: _____ (quant.) Date Label Affixed: _____ New Label No. Assigned: ____ - _____

Lost Label #'s: _____ - _____ through and including _____ - _____

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.

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.

REPLACEMENT LABELS WILL NOT BE ISSUED WITHOUT IBC AUTHORIZATION

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
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