NAME:		**Date Unit Last Passed Inspection**
DESCRIPTION:		The date the unit last passed inspection
TYPE:		Date
SIZE:		8
COMMENTS:		MMDDCCYY format
EDITS:	Fatal:	• Cannot be blank if 14b equals 'Y'
	Fatal:	• If valued, 1d must equal 'CE'
	Fatal:	• If valued, must be MMDDCCYY format
FIELD NUMBER:		3
POSITION:		7-14
LINE REFERENCE NO:		5g.

NAME:		**Date Unit Last Inspected**
DESCRIPTION:		The date the unit was last inspected
TYPE:		Date
SIZE:		8
COMMENTS:		MMDDCCYY format
EDITS:	Fatal:	• If valued, 1d must equal 'CE'
	Fatal:	• If valued, must be MMDDCCYY format
FIELD NUMBER:		4
POSITION:		15-22
LINE REFERENCE NO:		5h.

NAME:		**Number of Bedrooms on Certificate**
DESCRIPTION:		The number of bedrooms listed on the certificate
TYPE:		Numeric
SIZE:		1
COMMENTS:		None
EDITS:	Fatal:	• Range: 0-9
	Fatal:	• If valued, 1d must equal 'CE'
FIELD NUMBER:		• 5
POSITION:		23
LINE REFERENCE NO:		14a.