

NJ DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
PO BOX 809
TRENTON, NEW JERSEY 08625-0809
609-633-6132
609-633-6330 (FAX)

**AFFIDAVIT ATTESTING TO THE
APPLICATION OF INTERIOR
FINISH PROTECTION**



BUSINESS INFORMATION

REGISTRATION # _____

BUSINESS NAME	ADDRESS		
MUNICIPALITY	STATE	ZIP CODE	PHONE

OWNER'S INFORMATION (may be omitted *only* if the owner resides year-round at the above address)

OWNER'S NAME	ADDRESS		
MUNICIPALITY	STATE	ZIP CODE	PHONE
EMAIL			

I hereby attest that I have applied to the areas defined in the notice of violation dated: _____ following the manufacturer's directions, with the appropriate coverage of a fire retardant agent herein specified.

THE FOLLOWING FIRE RETARDANT MATERIAL WAS USED:

_____ (Brand name and type of retardant)

_____ (Number and size of containers used)

_____ (Number of coats/rate of application)

I FURTHER SUBMIT AND ATTACH A COPY OF THE PURCHASE RECEIPT(S) FOR THE ABOVE NAMED PRODUCT USED AND A LABEL FROM THE CONTAINER.

I CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS AFFIDAVIT ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS MADE BY ME ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

Owner/Agent Name Title Signature

Date: