

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF FIRE SAFETY
BUREAU OF FIRE CODE ENFORCEMENT
CN 809
TRENTON, NEW JERSEY 08625-0809
(609) 633-6132

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



BUSINESS INFORMATION:

REGISTRATION NUMBER: _____

BUSINESS NAME	STREET ADDRESS		
MUNICIPALITY	STATE	ZIP CODE	PHONE

OWNER'S ADDRESS Information may be omitted ONLY if owner resides year round at above address

OWNER'S NAME	STREET ADDRESS		
MUNICIPALITY	STATE	ZIP CODE	PHONE

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

Give brief description of areas protection was applied to:

The following fire retardant material was used:

_____ (Brand Name and type of retardant)

_____ (Number & 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 Signature

Title

Date