



APP. FEE: \$100  
 RENEWAL FEE: \$90  
 ADD'L ENDORSEMENT: \$50

STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY  
 DIVISION OF FIRE SAFETY  
 OFFICE OF THE STATE FIRE MARSHAL  
 33 HAZEN DRIVE  
 CONCORD, NH 03305



603-223-4289 VOLUNTARY CERTIFICATION OF FIRE PROTECTION EQUIPMENT TECHNICIANS FAX: 603-223-4295  
**APPLICATION FOR FIRM CERTIFICATE OF REGISTRATION**

Place a check in the appropriate box in each column.

| APPLICATION TYPE | ORIGINAL |   | PREVIOUS CERT. # |
|------------------|----------|---|------------------|
|                  | RENEWAL  | IF RENEWAL PROVIDE PREVIOUS CERTIFICATE # → |                  |

FIRM NAME: \_\_\_\_\_

FIRM MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRM PHYSICAL ADDRESS: \_\_\_\_\_  
P.O. BOX IS NOT ACCEPTABLE

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FIRM TELEPHONE: \_\_\_\_\_ FED EMPLOYER ID #: \_\_\_\_\_

FIRM E-MAIL ADDRESS: \_\_\_\_\_

NAME OF R.M.E.: \_\_\_\_\_ R.M.E. CERT # \_\_\_\_\_

R.M.E. ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**LIST ADDITIONAL RME's ON THE MULTIPLE RME FORM**

**ENDORSEMENT BEING APPLIED FOR:** Check only the appropriate endorsement(s) being applied for. (A \$50 fee applies to each additional endorsement)

- LIMITED FIRE SPRINKLER SYSTEM (LSS)  UNLIMITED FIRE SPRINKLER SYSTEM (USS)
- FIXED FIRE EXTINGUISHING SYSTEM – PRE-ENGINEERED KITCHEN (FFK)
- FIXED FIRE EXTINGUISHING SYSTEM – PRE-ENGINEERED INDUSTRIAL (FFI)
- FIXED FIRE EXTINGUISHING SYSTEM – ENGINEERED (FFE)
- PORTABLE FIRE EXTINGUISHERS (PFE) – [See special documentation requirements for this endorsement]
- LIMITED FIRE ALARM SYSTEM (LFS)  UNLIMITED FIRE ALARM SYSTEM (UFS)

IS THIS APPLICATION FORM FOR YOUR HEADQUARTERS LOCATION? YES  NO

IF NO, PLEASE PROVIDE NAME & LOCATION OF HEADQUARTERS OFFICE: \_\_\_\_\_

NAMES OF OFFICERS OF THE BUSINESS:

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SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

By signing this form, I attest that all of the information above is true to the best of my knowledge and is presented under the penalties of perjury.

**FOR DEPARTMENT OF SAFETY USE ONLY**

COPY OF R.M.E. CERTIFICATE – YES:  NO  COPY OF CERTIFICATE OF INSURANCE – YES:  NO

PAYMENT: CHECK  CHECK #: \_\_\_\_\_ CREDIT CARD:  AMOUNT: \_\_\_\_\_

IF CORP: COPY OF CERTIFICATE OF GOOD STANDING BY SECRETARY OF STATE:

IF PFE: COPY OF SITE INSPECTION REPORT BY NHFMO OF THE FACILITY: YES  NO