



**STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY**  
*Division of Fire Safety*  
**OFFICE OF THE STATE FIRE MARSHAL**  
 33 Hazen Drive, Concord, NH 03305  
 603-271-3294, FAX 603-271-3206



**MODULAR BUILDING MANUFACTURERS APPROVAL  
 BY THIRD PARTY AGENCY**

INSTRUCTIONS: Please complete form  
 Section I

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

MFG NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

PRESIDENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Q/A REP: \_\_\_\_\_ PHONE: \_\_\_\_\_

**FOR DEPARTMENT USE ONLY**

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**MFG. ID NUMBER :** \_\_\_\_\_

**Section II**

Please include on a separate page, a list of the building systems or a copy of the Manufacturer's Building Systems Acceptance Report for which this manufacturer has approval

- A. Include an organizational chart of the manufacturer's company, showing all branches of the company
- B. List the names of all registered engineers and registered architects responsible for designing and/or reviewing modular construction. Include a list of each state in which they are registered.

TDD Access: Relay NH 1-800-735-2964  
 ARSON HOTLINE 1-800-400-3526

C. List all insurance companies underwriting coverage for the applicant. Information must include Company name, address, phone number, policy number, effective dates and coverage amounts.

D. Enclose a complete copy of the quality assurance program for the company.

E. Enclose a check made out to the State of New Hampshire in the amount of \$650.00.

### Section III

Under penalty of perjury, I attest that the above manufacturer has submitted information as required in SAF-C 3306.01. I further attest that the information has been reviewed, and meets the guidelines as specified in SAF-C 3300.

THIRD PARTY AGENCY: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ - \_\_\_\_\_