



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY
John J. Barthelmes, Commissioner



Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
J. William Degnan, State Fire Marshal
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-223-4289, 603-223-4294 (fax)

REQUEST & PAYMENT FOR NEW HAMPSHIRE LABELS

MANUFACTURER TO COMPLETE:

CORPORATE NAME: _____

FACILITY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

AUTHORIZED AGENT: _____

NEW HAMPSHIRE ADDRESS HOME IS TO BE SHIPPED TO: _____

NUMBER OF COMPONENTS/UNITS FOR NEW HAMPSHIRE ADDRESS LISTED ABOVE: _____

We hereby request our third party agency, for the above manufacturing facility (ID # _____) issue _____ (Quantity) certification labels for the New Hampshire address listed above. Enclosed is our check number _____ dated _____ in the amount of \$_____.

CHECKS MUST BE MADE PAYABLE TO: THE STATE OF NEW HAMPSHIRE

LABELS REQUESTED (1 -4): _____ X \$100.00 EACH = \$_____

LABEL REQUESTED (5 and up) _____ X \$ 50.00 EACH = \$_____

AMOUNT OF CHECK
ENCLOSED.....\$_____

Third Party to Complete:

TPA ASSIGNMENT OF LABEL NUMBERS

The following un-issued labels numbers are assigned to the specific facility identified above:

LABEL # _____ THRU & INCLUDING # _____ = _____ # OF LABELS.

AUTHORIZED REPRESENTATIVE: _____ DATE: _____

INSTRUCTIONS

MANUFACTURER: Please mail a copy to your TPA with your payment. Your check must be made payable To: The State of New Hampshire.