



Division of Fire Safety  
OFFICE OF THE STATE FIRE MARSHAL  
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## MODULAR BUILDING LABEL RECORD

**INSTRUCTIONS:** This form shall be filled out by the manufacturer and faxed or emailed or mailed to the above address within five business days of shipment as indicated. This form will be returned if incomplete.

MANUFACTURER:		MFG ID#	SHIP DATE:	
OWNER'S NAME (First and Last):				
ADDRESS (exact physical address unit(s) are shipped):				
CITY:	STATE:	ZIP:		
LOCAL BUILDER/INSTALLER (IF APPLICABLE):				
ADDRESS:				
CITY:	STATE:	ZIP:		
DEALER (IF APPLICABLE):				
ADDRESS:				
CITY:	STATE:	ZIP:		
MANUFACTURERS PROJ. #:				
LIST NH LABEL NUMBERS BELOW				
LABEL 1:	LABEL 2:	LABEL 3:	LABEL 4:	LABEL 5:
LABEL 6:	LABEL 7:	LABEL 8:	LABEL 9:	LABEL 10:

Modular units being shipped to the state of New Hampshire must meet all the requirements for the location where units are being shipped. Any units shipped for speculation and/or display must meet the requirements for the dealers display location and must be re-labeled when moved to new location.