



STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY



Division of Fire Safety & Emergency Management  
OFFICE OF THE STATE FIRE MARSHAL  
Paul J Parisi, State Fire Marshal

Office: 110 Smokey Bear Blvd, Concord, NH  
Mailing Address: 33 Hazen Drive, Concord, NH 03305  
603-223-4289, FAX 603-223-4295

# MODULAR BUILDING PROGRAM LABEL REQUEST FORM

Please type or print legibly

Date: \_\_\_\_\_

Agency ID # \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

We, the undersigned, agree to hold the enclosed labels (serial numbers as noted below), on consignment for the State of New Hampshire, and forward \$100.00 per label as they are used and/or issued to approved manufacturers. In addition, we will forward a minimum of a monthly report to the address shown above indicating label inventory and status.

Number of labels requested: \_\_\_\_\_

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**For Department Use Only:**

Date Received	Filled By	Date Filled
Starting Number	Ending Number	Total Labels