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STATE OF NEW HAMPSHIRE DEPARTMENT OF SAFETY

Division of Fire Safety
OFFICE OF THE STATE FIRE MARSHAL
Paul J Parisi, State Fire Marshal
Mailing Address: 33 Hazen Drive, Concord, NH 03305
603-223-4289, 603-223-4295 (fax)



REQUEST & PAYMENT FOR NEW HAMPSHIRE LABELS

MANUFACTURER TO CO	MPLETE:				
CORPORATE NAME:	MGF ID#	MGF ID#			
FACILITY NAME:					
MAILING ADDRESS:					
CITY:		STATE:	ZIP CODE:	:	
AUTHORIZED AGENT:					
N.H. STREET ADDRESS	AND TOWN OF MODULES DEST	TINATION:			
Per NH Saf-C 3309.11(a) The additional module, up to a maxim (QTY REQUESTED FOR RE	N.H. ADDRESS LISTED ABOVE: ne department shall charge a fee of \$10 num of \$2,000.00 per residential structure SIDENTIAL SHALL BE PER RESIDE	0.00 for each state label e. ENTIAL STRUCTURE A	T THE ADDRESS L	LISTED ABOVE)	
CHECKS	S MUST BE MADE PAYABI	LE TO: THE STAT	E OF NEW HA	AMPSHIRE	
LABELS REQUESTED (Qty 1 - 4) (Residential):		X \$100.00 E	X \$100.00 EACH = \$		
LABELS REQUESTED (Qty 5 and up) (Residential):		X \$ 50.00	X \$ 50.00 EACH = \$		
LABELS REQUESTED (Non-Residential):		X \$100.00	X \$100.00 EACH = \$		
CHECK NUMBER	DATED	IN THE AMO	OUNT OF \$		
Third Party to Compl	ete:				
	TPA ASSIGNMEN	T OF LABEL NUI	MBERS		
The following un-issue	ed label numbers are assigne	ed to the specific f	acility identified	l 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.