



State of New Hampshire

DEPARTMENT OF SAFETY

Division of Fire Safety Office of the State Fire Marshal

nh.gov/firemarshal

Commissioner Robert L. Quinn | State Fire Marshal Sean P. Toomey



LABEL VOID / REPLACEMENT FORM

MFG. NAME: _____ MFG. ID #: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TPA: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

THE FOLLOWING LABEL WAS VOIDED:

NH LABEL #: _____

DATE AFFIXED: _____ DATE VOIDED: _____ VOIDED BY: _____

REASON: _____

REPLACEMENT REQUIRED: YES _____ NO: _____

**ENCLOSE CHECK FOR \$100.00 FOR REPLACEMENT
MAKE CHECK PAYABLE TO: STATE OF NH – MODULAR BUILDING PROGRAM**



For Office use only

Date rcvd: _____ Date approved: _____ Approved by: _____

Replacement label #'s _____ Date sent: _____