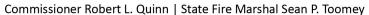




DEPARTMENT OF SAFETY

Division of Fire Safety Office of the State Fire Marshal







LABEL VOID / REPLACEMENT FORM

MFG. NAME:	MFG. ID #:	DATE:
ADDRESS:		
CITY:	STATE:	ZIP:
TPA:		
CITY:	STATE:	ZIP:
THE FOLLOWING LABEL WAS	S VOIDED:	
NH LABEL #:		
DATE AFFIXED:	_DATE VOIDED:VO	IDED BY:
REASON:		
REPLACEMENT REQUIRED: YES	NO:	
	OSE CHECK FOR \$100.00 FOR REPLACEM ABLE TO: STATE OF NH – MODULAR BUIL	
Date rcvd: Replacemer	For Office use only Date approved: Approved but label #'s Date sent:	y: