

DIVISION OF FIRE SAFETY

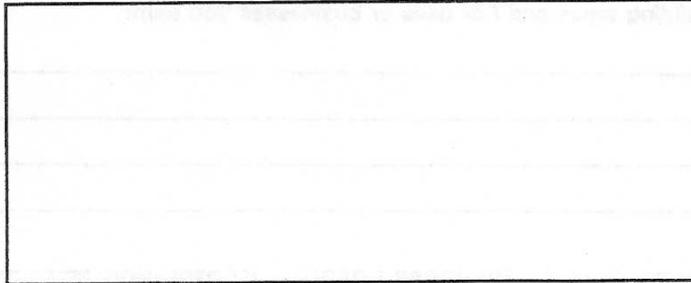
CN 809

Trenton, NJ 08625-0809

Telephone: (609) 633-6144

FIRE SAFETY REGISTRATION FORM

Owners of suspected Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.S.A. 52:27D-192 et seq.). Failure to do so may subject you to a penalty of up to \$500.00 per occurrence.



Part A - Registrant Information

1. Business Ownership (mark the correct box): [0] Corporation [1] Private/Individual [2] Partnership [3] Condominium [4] Cooperative [5] Government Agency

2. Business Owner Mailing Address:

If Private / Individual: Name Last First Middle Initial

If Other: Give FULL Legal Name of Ownership, including Corporation, Incorporated, Partnership, T/A etc.

Address: P.O. Box Number or Street Number and Name

City: State: Zip Code:

Federal Employer (Tax ID) Number

Social Security Number (For private / individual only)

In accordance with N.J.S.A. 52:27D-201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will enable the program to ensure the efficiency of its notification system.

Telephone: ()

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE(S):

LEA Number:

Assigned Owner Number:

[] New Application

Alternate Owner Number:

[] Transfer

