

New Jersey Department of Community Affairs
DIVISION OF FIRE SAFETY
PO Box 809
Trenton, New Jersey 08625-0809
Telephone: (609) 633-6144 FAX: (609) 633-6330



FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$1,000.00

-----**Part A – Business Registration Information**-----

1. Business Ownership (mark the correct box):

- (0) Corporation
 (1) Private / Individual
 (2) Partnership
 (3) Condominium
 (4) Cooperative
 (5) Government Agency
 (6) LLC Corporation

2. Business/Corporation 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: _____
 PO 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 ensure the efficiency of its program's 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

