

**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

1. **What is the primary purpose of the study?** (10 points)

2. **What are the key variables being studied, and how are they measured?** (10 points)

3. **What are the main findings of the study, and what conclusions can be drawn?** (10 points)

4. **What are the implications of the findings for the field of study?** (10 points)

5. **What are the strengths and limitations of the study?** (10 points)

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: _____

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: **10000000000000000000000000000000** New Application

Alternate Owner Number:

Transfer

3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."
(Address must not be a PO Box)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____ - _____

Telephone: (____) ____ - ____

4. Briefly describe the building types and / or uses or businesses you own.

----- **Part B – Business Location Information** -----
(Physical location and name of the business)

5. Name of Building or Business: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ County: _____

6. _____ Block Number _____ Lot Number _____ Municipal Tax Account Number _____

7. _____ Height of Building (in feet) _____ Number of Stories _____ Square Footage _____ Occupant Load _____

Part C – Certification

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing This Form _____ Date _____

Printed Name of Owner or Agent Completing this Form _____ Title _____

Street Address of Owner or Agent Completing This Form

City _____ State _____ Zip Code _____

Telephone Number of Owner or Agent Completing This Form: (____) _____ - _____ - _____