

**BUREAU OF FIRE PREVENTION  
123 MAPLE AVENUE  
SOUTH PLAINFIELD, NJ 07080**

PHONE 908-756-4761

FAX 908-754-1367

The attached form must be filled out and returned to the BUREAU OF FIRE PREVENTION at the above listed address *within thirty (30) days.*  
PLEASE DO NOT SEND THIS FORM DIRECTLY TO TRENTON!  
This form is for your New Jersey State Life Hazard Registration as required under N.J.A.C. 5:18-s.6 (b).

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

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-----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

