



**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3527 Fax: 617-343-3604**

BFD CERT. NO.:
(FOR OFFICE USE ONLY)

APPLICATION FOR INSTALLATION/EVALUATION OF MATTRESSES
BASED ON PRODUCT FIRE TEST DATA ACCORDING TO BFD IX-11 - MATTRESS FIRE TEST

DATE: _____
SUBMITTER: _____
COMPANY NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE NO.: (____) _____ FAX NO.: (____) _____
EMAIL ADDRESS: _____
ADDRESS OF PROPOSED INSTALLATION: _____
NAME OF PROPERTY: _____

MATTRESS CONSTRUCTION:

MANUFACTURER: _____
MODEL NAME: _____
MODEL NUMBER: _____
FOAM PADDING: _____
(MANUFACTURER, PRODUCT I.D.)
BARRIER/INTERLINER: _____
(MANUFACTURER, PRODUCT I.D.)
MATTRESS TICKING: _____
LABORATORY WHERE FIRE TEST WAS PERFORMED: _____
DATE OF TEST: _____ TEST REPORT NUMBER: _____

YES NO

**MANUFACTURER UPON REQUEST WILL PROVIDE FIRE TEST
REPORTS TO DEMONSTRATE COMPLIANCE.**

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

***ENC:** SIGN APPLICATION/ENCLOSE COPY OF FIRE TEST REPORT AND VIDEO AND CHECK
PAYABLE TO THE CITY OF BOSTON FOR \$50.00.