



**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 OF UPHOLSTERED/MOLDED SEATING
BASED ON PRODUCT FIRE TEST DATA
{COMPLETE IN INK ONLY}**

DATE: _____

SUBMITTER: _____

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE NO.: (____) _____ FAX NO.: (____) _____

EMAIL ADDRESS: _____

STREET ADDRESS OF PROPOSED INSTALLATION: _____

NAME OF PROPERTY: _____

SPECIFIC LOCATION WITHIN PROPERTY: _____

FURNITURE CONSTRUCTION:

MANUFACTURER: _____

UPHOLSTERY PADDING: _____ **BARRIER:** _____

(MANUFACTURER, PRODUCT, I.D.)

MODEL NO. (TYPE, QUANTITY)

(Sofa, chairs, etc.)

COVER FABRIC (Manufacturer, Pattern, Color) **FIBER CONTENT:**

1. _____

2. _____

3. _____

IS COVER FABRIC COM? (Customer's own Material) YES NO

IS COVER FABRIC LAMINATED WITH A BARRIER PRODUCT? YES NO

IS COVER FABRIC TREATED WITH FLAME-RETARDANTS? YES NO



LABEL IS REQUIRED (As described in 527CMR 29) TO BE AFFIXED TO EACH CHAIR.



PROVIDE (Attach) CAL TB-133 FIRE TEST REPORT (PRODUCT TEST) TO DEMONSTRATE COMPLIANCE.

OTHER INFORMATION: _____

SIGNATURE OF APPLICANT: _____

***ENC:** SIGN APPLICATION AND MAIL CHECK PAYABLE TO THE CITY OF BOSTON FOR \$20.00/ITEM. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE (S) CAN RESULT IN DELAYS IN EVALUATIONS. APPLICATION MUST BE FILLED OUT COMPLETELY. **PERMITS WILL BE MAILED TO SUBMITTER.**