BOSTON

FIRE COMMISSIONER
RODERICK J. FRASER, JR.

FIRE MARSHAL
DEPUTY FIRE CHIEF PETER A. LAIZZA

APPLICATION FOR *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.:(____)_____

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**.
FEE IS **$50.00 (per mattress**), Make check payable to the CITY OF BOSTON.

FIRE DEPARTMENT/CHEMIST OFFICE/1010 MASS AVE 4TH FL./BOSTON,/ MA/ 02118
TEL. NO. (617) 343-3527