



Boston Fire Department
Fire Prevention Division
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 Boston, MA 02118
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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.: (____) _____
 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.)	<u>COVER FABRIC</u> (Manufacturer, Pattern, Color)	<u>FIBER CONTENT:</u>
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 TB133 Std and 527CMR 1) 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/FEE \$25.00 PER COVER FABRIC, CHECK PAYABLE TO THE CITY OF BOSTON. FAILURE TO SUPPLY COMPLETE INFORMATION AND FEE (S), CAN RESULT IN DELAYS IN EVALUATIONS. APPLICATION MUST BE FILLED OUT TO ITS' ENTIRETY. **PERMITS WILL BE MAILED TO SUBMITTER.**