

Application Fee \$325.00
Renewal Fee \$300.00

STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE SAFETY
OFFICE OF THE STATE FIRE MARSHAL
33 HAZEN DRIVE
CONCORD, NH 03305

603-223-4289

FAX: 603-223-4295

APPLICATION FOR GASFITTING BUSINESS ENTITY LICENSE

Place a check in the appropriate box in each column.

APPLICATION TYPE	ORIGINAL		PREVIOUS LIC. #
	RENEWAL		

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____

BUSINESS TELEPHONE: _____ BUSINESS FAX: _____

BUSINESS E-MAIL ADDRESS: _____

RESPONSIBLE MANAGING EMPLOYEE (RME): _____

RME LIC #: _____ RME EXP DATE: _____

As the named RME, above, I hereby agree to act as the Responsible Managing Employee for the above applicant. I understand that should I leave the employ of this company for any reason, I must immediately notify the NH Department of Safety.

Signature Date

Check appropriate boxes below

Letter of Good Standing is included with application

Check payable to the State of N.H. - Treasury

Signature of authorized person (Principle Officer of the Corporation or Owner of the Company)

SIGNED: _____ DATE: _____

By signing this form, I attest that all of the information above is true to the best of my knowledge and is presented under the penalties of perjury.

FOR DEPARTMENT OF SAFETY USE ONLY

RECEIVED: _____ BY: _____ PAID BY CHECK #: _____

SUPPORTING DOCUMENTATION COMPLETE (Y/N) _____ REVIEWED: _____ BY: _____

LICENSE ISSUED: _____ LICENSE NUMBER: **GFB** _____ BY: _____

EXPIRATION DATE: _____

Note: This application is only for the gasfitting business entity license and should not be confused with DSFM 123 form for the individual gas fitters license.

DSFM XXX (10/09)