



State of New Jersey
 DEPARTMENT OF COMMUNITY AFFAIRS
 101 SOUTH BROAD STREET
 PO Box 810
 TRENTON, NJ 08625-0810

**DIVISION OF CODES AND STANDARDS
 BUREAU OF HOUSING INSPECTIONS
 FIRE DOOR PAINT**

STATE OF NEW JERSEY)

SS. _____

COUNTY _____)

CERTIFICATION IN LIEU OF AFFADAVIT

1. I, _____ own or exercise control over
Name of Affiant
 the premises located at _____ in the
Street Name and Number
 Municipality of _____, County of _____
 in the State of New Jersey.

2. I hereby certify that the dwelling unit/guest room panel door(s) cited for lack of a minimum 15 minute fire resistance rating has had two coats of an intumescent type coating applied to its room side, in strict accordance with the manufacturer's printed instructions.

In addition, a compatible sealer type coating that is acceptable to the intumescent coating manufacturer has been applied as a third coat.

 Dated

 Signature of Affiant

 Printed Name of Affiant

 Address of Affiant

 Address of Affiant

