

OUT-OF-STATE-CONTRACTOR

Power of Attorney

State of New Jersey
Department of Community Affairs
Division of Fire Safety
Contractor Certification and Emblems Unit
P.O. Box 809
Trenton, New Jersey 08625-0809
Phone: (609) 777-3552



For Official Use Only

Permit Number:

P _____

Fire Protection Equipment Contractor Business Permit

Business Name: _____

Business Address: _____

City, State, Zip Code: _____

Telephone: _____

Email Address: _____

Pursuant to N.J.A.C. 5:74-2.1(f) 1, I _____,
(Printed Name)

owner or authorized agent of the permit holder referenced above, appoint the State of New Jersey, Department of Community Affairs, Division of Fire Safety, Contractor Certification and Emblems Unit, the attorney in fact for the out-of-state-permit holder their name, place and stead, and for its use and benefit:

To receive all original process in an action of legal proceeding against the permit holder with the knowledge that service on the attorney shall be of the same force and validity as if service upon the permit holder. This authority shall continue in force so long as the permit holder engages in the fire protection equipment business in the State of New Jersey.

Signature: _____

Title: _____

Sworn to and subscribed before me, this ____ day of _____ 20____.

NOTARY PUBLIC

STAMP: