OUT-OF-STATE-CONTRACTOR
Power of Attorney
(Required)

For Official Use Only
Permit Number:
P-__ __ __ __ __

State of New Jersey
Department of Community Affairs
Division of Fire Safety
Contractor Certification and Emblems Unit
PO Box 809
Trenton NJ 08625
(609) 984-7860
Fax (609) 292-6831

Permit Name: **Fire Protection Equipment Contractor Business Permit**

Business Name: _____

Business Address _____

City, State, and Zip code: _____

State _____

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