

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



<b>For Official Use Only</b>
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) 324-3560  
Fax (609) 324-8493

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