



CITY OF EASTON PENNSYLVANIA

Office of the Fire Marshal
Phone (610) 250-6671

Easton, PA 18042
FAX (610) 250-7159

AFFIRMATION

OF FLAME RETARDENT TREATMENT OF TENT, CANOPY OR MEMBRANE STRUCTURE

I hereby affirm that the following criteria has been met for the tent erected in the City of Easton at the _____ for the purpose of conducting _____
(Event Name)
_____ on or during these dates _____
(Vendor or Business Name) *(Dates or Date Range)*

1. Tent is 200 square feet or less in coverage area and does not have side walls.
2. Tent Description or Identification:
 - a. Make/Model: _____
 - b. Fabric/Color: _____
 - c. Tent Size: _____
 - d. Serial or ID Number: _____
3. Flame Retardant Treatment:
 - a. Retardant Product Name: _____
 - b. Product Label meets Standard: NFPA-701 NFPA-102 ASTM-E84
 - c. Proof of Purchase Attached: Receipt Product Label Spec Sheet
 - d. Date of Treatment Application: _____
 - e. Method of Application: SPRAY DIP/SOAK BRUSH
4. Flame retardant certificates or this completed affirmation will be on site for inspection.

UNDER PENALTY OF LAW, I DECLARE THAT I HAVE READ THE FOREGOING AFFIRMATION AND THAT THE FACTS STATED IN IT ARE TRUE AND CORRECT.

Owner or Authorized Agent

Signature

Date

Printed Name

Telephone

Sworn and subscribed _____)
Before me this _____)
Day of _____ 20____)

(Notary Signature)

THIS AFFIRMATION IS VALID FOR A PERIOD OF 8 MONTHS FROM DATE OF TREATMENT APPLICATION.

*THIS FORM REQUIRES NOTARIZATION

Flame Retardant Affirmation