



**Boston Fire Department  
Fire Prevention Division  
1010 Massachusetts Avenue – 4<sup>th</sup> Floor  
Boston, MA 02118  
Tel: 617-343-3527 Fax: 617-343-3604**

BFD CERT. NO.:  
(FOR OFFICE USE ONLY)

**APPLICATION FOR INSTALLATION OF MATTRESSES**

*BASED ON PRODUCT FIRE TEST DATA ACCORDING TO BFD IX-11 - MATTRESS FIRE TEST*

DATE: \_\_\_\_\_  
SUBMITTER: \_\_\_\_\_  
COMPANY NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NO.: (\_\_\_\_) \_\_\_\_\_ FAX NO.: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
ADDRESS OF PROPOSED INSTALLATION: \_\_\_\_\_  
NAME OF PROPERTY: \_\_\_\_\_

**MATTRESS CONSTRUCTION:**

MANUFACTURER: \_\_\_\_\_  
MODEL NAME: \_\_\_\_\_  
MODEL NUMBER: \_\_\_\_\_  
FOAM PADDING: \_\_\_\_\_  
(MANUFACTURER, PRODUCT I.D.)  
BARRIER/INTERLINER: \_\_\_\_\_  
(MANUFACTURER, PRODUCT I.D.)  
MATTRESS TICKING: \_\_\_\_\_  
LABORATORY WHERE FIRE TEST WAS PERFORMED: \_\_\_\_\_  
DATE OF TEST: \_\_\_\_\_ TEST REPORT NUMBER: \_\_\_\_\_

YES  NO

**MANUFACTURER UPON REQUEST WILL PROVIDE FIRE TEST  
REPORTS TO DEMONSTRATE COMPLIANCE.**

**OTHER INFORMATION:** \_\_\_\_\_

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**\*ENC:** SIGN APPLICATION/**ENCLOSE COPY OF FIRE TEST REPORT AND VIDEO** AND CHECK  
PAYABLE TO THE CITY OF BOSTON FOR \$50.00.