



State of New Jersey
DEPARTMENT OF COMMUNITY AFFAIRS
101 SOUTH BROAD STREET
PO Box 809
TRENTON, NJ 08625-0809

CHRIS CHRISTIE
Governor

KIM GUADAGNO
Lt. Governor

RICHARD E. CONSTABLE, III
Commissioner

June 2013

Dear Business Owner,

Your local Fire Official has identified your business as one that needs to be registered with the New Jersey Division of Fire Safety as a Life Hazard Use (LHU). There is an annual fee associated with each LHU which is utilized to cover the costs of inspecting your business as well as other fire prevention activities within your municipality. In line with Governor Christie's initiative for State business transactions to be paperless, the registration process will be done on-line. You can request access to RIMS through the Division's website at <http://www.state.nj.us/dca/divisions/dfs/>. Look for the "Non-Registered User" link to RIMS. Since the on-line system operates through the My New Jersey portal, you will be asked whether you already have a portal account or not. (Many business owners already use the portal to pay their business taxes.) Once you have established RIMS access, you will be required to maintain your registration account through the portal.

When you register, you will be asked a series of questions, an example of which are below, to determine what registered service is appropriate.

Is this application for a new owner at a previously registered business? Yes/No

If YES Provide date of business ownership transfer:

Are you changing the LHUs / Non LHUs of a registered business? Yes/No

Are you registering a new business? Yes/No

Do you know your registration number? Yes/No

If YES Enter the business registration number:

If you purchased your business from a previous owner and want to transfer it to you, you will answer Question 1 as YES and provide the date of transfer. If you know the registration number, you can provide it.

If your business has never been registered by you or anyone else, it is an initial registration. You will answer Question 1 as NO, Question 2 as NO and Question 3 as YES.

If your business has changed in any way, perhaps you have changed the occupant load or changed the square footage, or something similar, your fire official may inform you that you must update your registration and make a modification to your Life Hazard Use(s). You will answer Question 1 as NO and Question 2 as YES. If you know the registration number, you can provide it.

Finally, if you simply need to make changes to your contacts or correct minor errors to your registration, none of which changes your Life Hazard Use(s), you must amend your registration. You will answer Question 1 as NO, Question 2 as NO (because you are not modifying your LHU) and Question 3 as NO. If you know the registration number, you can provide it.



During the application process you will be asked to provide several pieces of information including: the legal name of your business; your tax identification number; the name, telephone and email address of the person submitting the application as well as a billing contact. The system will also ask you to request a computer generated PIN number, which will be sent to the email you provide. We have found that sometimes the email gets directed to the user's SPAM/junk emails, so we recommend you look in that email folder before you assume that your PIN was not sent. Your PIN number acts as an electronic legal signature and should therefore be kept confidential. If you forget your PIN it is very simple to request another:

One of the great advantages of this on-line system is that electronic payments can be made by credit card and/or e-check to greatly decrease the possibility that you will be penalized or your bill sent to collection for failure to pay your registration fee. If you choose to send a paper check, information as to where to mail it will be provided on your invoice.

If at any time you require assistance, please contact either your local Fire Official or the Division. All email inquiries for the Division of Fire Safety, Bureau of Code Enforcement can be sent to rims.help@dca.state.nj.us or you can call telephone number 609-633-6144.

Sincerely,



Lou Kilmer, Chief
Bureau of Fire Code Enforcement
Division of Fire Safety



FIRE SAFETY REGISTRATION FORM

Owners of possible Life Hazard Use businesses must complete and file this form in accordance with the Uniform Fire Safety Act (N.J.A.C. 52:27D-192 et seq.). Failure to do so may result in a penalty of up to \$1,000.00

-----**Part A – Business Registration Information**-----

1. Business Ownership (mark the correct box):

- (0) ___ Corporation (1) ___ Private / Individual (2) ___ Partnership (3) ___ Condominium
(4) ___ Cooperative (5) ___ Government Agency (6) ___ LLC Corporation

2. Business/Corporation Mailing Address:

If Private / Individual: Name: _____
Last First Middle Initial

If Other: _____
Give FULL Legal Name of Ownership, Including Corporation, Incorporated, Partnership, T/A etc.

Address: _____
PO Box Number or Street Number and Name

City: _____ State: _____ Zip Code: _____

_____ Federal Employer (Tax ID) Number

_____ Social Security Number (For Private / Individual Only)

In accordance with N.J.S.A. 52:27D -201 and N.J.A.C. 5:3-1.2, voluntary provision of your social security number will ensure the efficiency of its program's notification system.

Telephone: (_____) _____ - _____

Continued on Reverse Side

FOR FIRE OFFICIAL / DFS USE ONLY

USE CODE (S): _____

LEA Number: _____

Assigned Owner Number: _____ New Application

Alternate Owner Number: _____ Transfer

3. Person To Receive Certified Mail Or Other Notices. If Same As Owner, Write "Same."
(Address must not be a PO Box)

Name: _____

Address: _____
 Number Street Name

City: _____ State: _____ Zip Code: _____ - _____

Telephone: (____) _____ - _____

4. Briefly describe the building types and / or uses or businesses you own.

EMAIL: _____

----- **Part B – Business Location Information** -----
(Physical location and name of the business)

5. Name of Building or Business: _____

Building Location: _____
(Number and Street)

Suite or Room Number: _____ Municipality: _____ County: _____

6. _____
Block Number Lot Number Municipal Tax Account Number

7. _____
Height of Building (in feet) Number of Stories Square Footage Occupant Load

----- **Part C – Certification** -----

8. I certify that all statements made by me on this registration application are true. I am aware that if any of the foregoing statements made me are willfully false, I am subject to punishment.

Signature of Owner or Agent Completing This Form Date

Printed Name of Owner or Agent Completing this Form Title

Street Address of Owner or Agent Completing This Form

City State Zip Code

Telephone Number of Owner or Agent Completing This Form: (____) _____ - _____