

Flame retardant verification statement

Temporary structure size and fabric type/type of decorative material:

Date of last flame retardant treatment:

Trade name and type of solution utilized in treatment:

Method of application:

Name(s) of person(s) and organization treating materials:

Name and address of temporary structure/decorative material:

Signature of responsible party: _____ date _____

Approving officer's signature: _____ date _____

This form must be retained on site throughout the course of the event.

Revised 3/27/12



Public Safety Complex
505 NW 179TH ST, Ridgefield, Washington
Phone: (360) 397-2186 Fax: (360) 397-2076
www.clark.wa.gov/development



For an alternate format,
contact the Clark County
ADA Compliance Office.
Phone: (360)397-2322
Relay: 711 or (800) 833-6384
E-mail: ADA@clark.wa.gov