



Flame Retardant Verification Statement

Rev 3.27.12

CLARK COUNTY
WASHINGTON

COMMUNITY DEVELOPMENT
FIRE MARSHAL

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 _____

Print name: _____

Approving officer's signature: _____ date _____

Print name: _____

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