



Certificate No.

00NY5535-X

Port of

NEW YORK/NEW JERSEY

Date:

18 April 2000

NAME OF EQUIPMENT/COMPONENT MANUFACTURER:

NoFire Technologies, Inc.
21 Industrial Avenue
Upper Saddle River, NJ
07458-2301

Contact Name: Mr. Sam Gottfried
Phone: (210) 818-1616
Fax: (201) 818-8775

EQUIPMENT/COMPONENT:

Intumescent paint

MODELS:

A-18

DESCRIPTION:

Intumescent paint

**INTENDED
SERVICE:**

Product may be used for general-use paint in shipboard applications where compliance with IMO requirements for Smoke and Toxicity and Flammability only is required.

RATING:

Meets the 1974 SOLAS (as amended) requirements for paints/finish materials which require compliance with the requirements for smoke and toxicity as outlined in the Fire Test Procedures Code (IMO Resolution MSC.61(67)).

STANDARDS:

IMO Resolution 653(16)

**SERVICE
RESTRICTIONS:**

General shipboard use. Product must be applied in accordance with manufacturer's instructions as indicated in, "NoFire A and A-18 Genral Application Procedure & Technical Data". This product is not to be used to provide "A-class" integrity unless future testing and approval permits otherwise.

Maximum of 5% pigment may be added to the batch for color

COMMENTS:

Approval not performed on behalf of any flag administration

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AMERICAN BUREAU OF SHIPPING

14 APRIL 2000

DATE: _____
New York/New Jersey
PORT OF ISSUE: _____

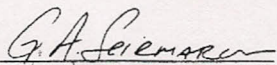
REPORT ON: INITIAL TYPE APPROVAL AUDIT
REPORT NO: 00NY-5535
CERTIFICATE NO: 00NY-5535-X
NAME OF COMPANY: NO FIRE TECHNOLOGIES, INC.
LOCATION: UPPER SADDLE RIVER, NJ
PRODUCT/SERVICE: INTUMESCENT PAINT
APPLICABLE STANDARD(S)/ SPECIFICATION(S): IMO RERSOLUTION 653 (16)
AUDITS/SURVEY CONDUCTED BY: GEORGE SEIRMARCO
AUDIT FREQUENCY: (FOR PERIOD AUDITS ONLY) Annually
AREAS COVERED: Management, receiving inspection, manufacturing inspection, assembly inspection, final inspection, testing, metrology, qualifications drawing and document control, record keeping.
RESULTS: This facility is considered capable of producing an acceptable uniform product.

Billed To:

Distribution: 2 - Owners.
1 ABS Programs
1 File

Invoice No. and Date:

Fees:
Exp:
Total


G.A. SEIRMARCO, Surveyor

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