

THIS SIGNED DOCUMENT WILL ACT AS

CERTIFICATION OR REGISTRATION

YOUR TEMPORARY EMERGENCY LICENSE,

VERMONT DEPARTMENT OF PUBLIC SAFETY Division of Fire Safety



Office of the State Fire Marshal, State Fire Academy and State HAZMAT Team www.firesafety.vermont.gov

Temporary Emergency License, Certification or Registration

Email Application to:

dps.dfscentraloffice@vermont.gov

A COPY OF A VALID LICENSE FROM ANOTHER STATE IS REQUIRED TO BE SUBMITTED WITH THIS APPLICATION.

The attached Temporary Emergency License, Certification or Registration is valid for 120 days from the date of approval. We ask that you complete the application in its entirety to prevent delays in the approval process. A copy of the form must be in your possession and presented to the Assistant State Fire Marshal on a job site when requested.

For questions please call: (802)479-7561

Name:	(Last Name)	(First Name)	(M.I.)		
Mailing Address:	,	,	,		
	(Street or P.O. Box#)		(City)	(State)	(Zip code)
Date of Birth:		Phone:			
APPLICATION TY	(mm/dd/yy) /PE:	E-Mail:			
Natural Gas		Oil - Bronze			
Propane		Oil - Silver			
Both - Natura	al Gas & Propane	Oil - Gold			
Plumber		Electrician			
A COPY OF A V	ALID LICENSE FROM	I ANOTHER STATE IS APPLICATION.	REQUIRED TO	BE SUBMITTED '	WITH THIS
Issuing State:	Exp Date:		Current Cert #:		
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ode References:					
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A	pplication is filled out E	ENTIRELY and to the be	est of my knowled	dge	
A	Appropriate documentation is INCLUDED				
	•	porary emergency licen ded date has been dete		•	•
icant Signature		Dat	te:		
				OFFICE USE ON	ıv

NOT VALID UNTIL SIGNED BY DIVISION OF FIRE SAFETY DESIGNEE