



**VERMONT DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team  
 Central Office 1311 US RTE 302, Suite 600, Barre, VT 05641-2351  
[www.firesafety.vermont.gov](http://www.firesafety.vermont.gov)

Department Use Only
Site No. _____
Date Paid _____
Check# _____
Amount _____

## Certified Letter Request Form

Please complete the following for a Certified Statement reflecting the status of your license and include a check or money order for \$10.00 per copy.

Applicant Information					
Last name:	First:	Middle:	Birth date:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home Telephone:		
City:	State:	Zip Code:	Social Security Number:		
VT License Number:	Current Expiration Date:		State Reciprocating to:		

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Is the above address a new mailing address for the licensee?  Yes  NO  
 If you check YES, your address will be updated in our licensing system.

Please return this form along with your payment to:

Division of Fire Safety  
 Licensing Specialist  
 1311 US RTE 302 – Suite 600  
 Barre, VT 05641

Please contact the Division of Fire Safety for questions concerning licensing.  
 Phone: (802) 479-7564  
 Email: [dps.dfslicensing@vermont.gov](mailto:dps.dfslicensing@vermont.gov)