



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 45 State Dr Waterbury VT 05671-8200
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 Central Office
 Licensing Specialist
 45 State Dr
 Waterbury, VT 05671-8200

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