



FP-001
(REV. 1.1.2015)

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services



P.O. Box 1025 ~ State Road
Stow, Massachusetts 01775
(978) 567~3700 Fax: (978) 567~3199

TO: Licensing Desk
FROM: _____
DATE: _____
RE: Licensee Change of Address

“The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR, shall provide the Marshal with an accurate address and mailing at the time of application and shall report any changes of such address to the Marshal within 14 days of the date of such change.” 527 CMR 1.00 Section 1.13.1(4).

Please change my file at the Office of the State Fire Marshal to show my new address. My mailing and/or street address have changed, and should now be recorded as:

Name _____

License # _____ Telephone _____

New Address _____

(street and/or post office box) (town/city) (state) (zip)

Former Address _____
City/Town _____ State _____ Zip Code _____

Signature _____ Date _____

This form may be faxed to 978-567-3199; or mailed to Licensing Desk, Office of the State Fire Marshal, P.O. Box 1025, Stow, MA 01775.