



Department of Fire Services
Commonwealth of Massachusetts

Licensee Change of Address (FP-001)

TO: Licensing Desk

FROM: _____

DATE: _____

RE: Licensee Change of Address

"Address change shall be in writing to the State Fire Marshal's Office within 14 days of such change to maintain validity of the affected certificate." 527 CMR 1.00: 1.13.1.2(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 # _____ Phone # _____

Email Address _____

New Address

(Street and/or Post Office Box)

(Town/City)

(State)

(Zip Code)

Former Address _____

City/Town _____ State _____ Zip Code _____

Signature _____ Date _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

Mail this form to the Licensing Desk, Department of Fire Services, P.O. Box 1025, Stow, MA 01775