



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 # \_\_\_\_\_ Telephone \_\_\_\_\_

New Address \_\_\_\_\_

\_\_\_\_\_  
(Street and/or Post Office Box) (Town/City) (State) (Zip Code)

Former Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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