

Contractor Certification and Emblems Unit

Change of Address

State of New Jersey
Department of Community Affairs
Division of Fire Safety
Contractor Certification and Emblems Unit
P.O. Box 809
Trenton, New Jersey 08625-0809
Phone: (609) 777-3552



For Official Use Only

Received: _____

Entered: _____

By: _____

Instructions: Please complete this form to update your address. All changes must include Business Permit Number

1. Business:

Permit Number: P _____ Business Name: _____

Business Email: _____

Old Address:

New Address:

Address: _____

Address: _____

Unit or Suite #: _____

Unit or Suite #: _____

City: _____

City: _____

State, Zip Code: _____

State, Zip Code: _____

2. Applicant:

DFSID Number: _____ Name: _____

Email Address: _____

Old Address:

New Address:

Address: _____

Address: _____

Unit or Suite #: _____

Unit or Suite #: _____

City: _____

City: _____

State, Zip Code: _____

State, Zip Code: _____

3. I do hereby certify that the foregoing statements made by me are true, and give the Division of Fire Safety permission to change my personal information to reflect the changes indicated on this form.

Signature: _____ Date: _____