



**VERMONT DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF FIRE SAFETY**  
 Office of the State Fire Marshal, State Fire Academy and State Haz-Mat Team  
[www.vtfiresafety.org](http://www.vtfiresafety.org)



**Compliance Certificate**

**Return this completed form and payment to the appropriate Regional Office**

**Barre Regional Office**

1311 US RTE 302, Suite 500  
 Barre, VT 05641  
 Phone: (802) 479-4434  
 Fax: (802) 479-4446

**Rutland Regional Office**

56 Howe Street, Building A, Ste 200  
 Rutland, VT 05701  
 Phone: (802) 786-5867  
 Fax: (802) 786-5872

**Springfield Regional Office**

100 Mineral Street, Suite 307  
 Springfield, VT 05156-3168  
 Phone: (802) 885-8883  
 Fax: (802) 885-8885

**Williston Regional Office**

372 Hurricane Lane, Suite 102  
 Williston, VT 05496  
 Phone: (802) 879-2300  
 Fax: (802) 879-2312

Site Number:	Work Notice Number:	Project:
Name Building/Site: _____		
Former Building Name _____		
Physical Location: (9-1-1 Address) _____ <i>Street name and number, City/Town, Zip code</i>		
Name of Lessee: _____  (if business)		
Building Owner Name: _____		
Owner Mailing Address _____		Zip Code _____
Owner Phone Number: (    ) _____		E-Mail _____

**Your building has been found to have violation(s) and has been assigned a hazard index of \_\_\_ on a scale of 5 which, requires corrective action to be taken to resolve the violation(s) or hazard(s).**

**By signing this certificate you are confirming that the Violation(s) / hazard(s) identified during the fire prevention inspection conducted on \_\_\_\_\_ by Inspector \_\_\_\_\_ have been corrected as noted.**

**Additional Comments:**

<b>Date</b> _____	<b>Owners Signature</b> _____
<b>Other Signature</b> _____	<b>Title:</b> _____

**Return this certificate to the appropriate Regional Office**