

**MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
STATE FIRE MARSHAL DIVISION  
Fire Protection Systems Section  
445 Minnesota St., Suite 145 - St. Paul, MN 55101-5145  
(651) 201-7200 / TDD (651) 296-2700 / Fax (651) 215-0525**

**NOTICE OF CHANGE - FIRE PROTECTION CONTRACTOR INFORMATION**

Please print or type; sign bottom of form; return to the address above.

**Section 1 – Complete for all changes**

Contractor Name: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Change in:     Ownership    Address    Insurance    Bond    Corporate Officers  
                  Managing Employee    Other: \_\_\_\_\_

**Section 2 – Change of Owner, Partner, Officers, Shareholders (over 5%), or Managing Employee**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ (if shareholder indicate %)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Removal    Addition   Reason for Change: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ (if shareholder indicate %)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Removal    Addition   Reason for Change: \_\_\_\_\_

**Section 3 – Change in Insurance Provider or Bond**

Insurance    Bond   Ins. / Bond Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Policy / Bond #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Ins. Co. Phone: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Previous Ins./Bond: \_\_\_\_\_ Policy / Bond #: \_\_\_\_\_

I verify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Owner / Managing Employee Name (please print or type)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of owner or managing employee