



**Division of Fire Safety**  
**Springfield Office**  
 100 Mineral street  
 Suite 307  
 Springfield, VT 05156  
 www.vtfiresafety.org

*Department of Public Safety*

(phone) (802) 885-8883  
 (fax) (802) 885-8885

**CERTIFICATE OF FITNESS(TOP) APPLICATION**

1) Please provide the following information for any Certificate of Fitness (TQP):

Name: \_\_\_\_\_ S.S. #: \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 (Town or City)

\_\_\_\_\_  
 (State & Zip)

Date of Birth: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Current Division of Fire Safety Certification #, if any: \_\_\_\_\_

2) Please check which TQP Certification you wish to apply for:

- T1 - FIRE ALARMS
- T2 - FIRE SUPPRESSION SYSTEMS
- T3 - FIRE SPRINKLER SYSTEMS (Install, maintain, repair & test) **\*Also fill out Page 3\***
- I3 - FIRE SPRINKLER SYSTEMS (Design, calculate, install, maintain, repair & test)
- T4 - CHIMNEY SWEEPS
- T5 - FIRE SAFETY TRAILER
- T6 - EMERGENCY GENERATORS
- T8 - DOMESTIC FIRE SPRINKLER SYSTEMS
- OB - BRONZE CERTIFICATE
- OS - SILVER CERTIFICATE

**NOTE:** Please see enclosed sheet on the State Certificate of Fitness (TQP) Certification requirements. This sheet will tell you what is required for what TQP certification. This sheet also includes continuing education requirements.

3) Please include copies of appropriate certificates, if applicable.

4) For any Certificate of Fitness (TQP), you must complete a Tax and Child Support Certification papers, and return along with your paperwork. Be sure to date and sign both papers, and to also make sure you circle either A, B or C on the top section of the Child Support Certification, as this is one of the main reasons paperwork is returned from this office.

The Mailing Address to send your **T2, T4, T5, T6, T8, OB, OS** applications is:

DIVISION OF FIRE SAFETY  
 100 MINERAL STREET, SUITE 307  
 SPRINGFIELD, VT 05156  
 (802) 885-8883

The Mailing Address to send your **T1, T3 and I3** applications is:

DIVISION OF FIRE SAFETY  
 1311 US RTE 302 – BERLIN STE 600  
 BARRE, VT 05641  
 (802) 479-7564



**VERMONT Department of Public Safety – Division of Fire Safety**

License Questions - 1311 US Route 302, Suite 600, Barre, VT 05641-2351 [(802) 479-7564]

Certification Questions – 100 Mineral Street, Suite 307, Springfield, VT 05156 [(802) 885-8883]

**Applicant's Statement Regarding:  
Child Support, Taxes, Unemployment Compensation, Fines & Penalties**

**Child Support** [15 V.S.A. § 795] - You must check one of the statements below regarding child support: As of this date:

- I do not have any children, OR
- I do not owe any child support, OR
- I do owe child support, but am under a plan with the Office of Child Support to pay all child support due

**This certification is in regards to any children residing in Vermont, and where the license/certificate holder is a resident of Vermont, to any children residing in any other state or territory of the United States. For assistance contact the Office of Child Support, 103 South Main Street, Waterbury, VT 05676 [(802) 241-2180]**

**Taxes** [32 V.S.A. § 3113] - You must check one of the statements below regarding taxes. As of this date:

- All tax returns have been filed. I do not owe any taxes, OR
- I owe taxes but am under a plan with the Department of Taxes to pay all taxes due, or the tax payments are under appeal

**To determine status of a payment plan or appeal, or for assistance, contact the Supervisor of Tax Collections [(802) 828-2804]**

**Unemployment Compensation** [21 V.S.A. § 1378] - You must check one of the statements below regarding unemployment contributions or payments in lieu of unemployment contributions. As of this date:

- I am not now, nor have I ever been, an employer; OR
- I do not owe any unemployment compensation, OR
- I owe unemployment compensation but am under a plan with the Unemployment Division to pay any and all unemployment compensation due

**To determine status of a payment plan, or for assistance, contact the Department of Labor [(802) 828-4344]**

**Fine or Penalty** [4 V.S.A. § 1110] – You must check one of the statements below regarding a fine or penalty issued by the judicial bureau or district court. As of this date:

- I am not under any obligation to pay a fine or penalty due to any unpaid judgment issued by the judicial bureau or district court, OR
- I am under such an obligation and am in good standing with respect to the obligation because 60 days or fewer have elapsed since the date a judgment was issues, or due to a repayment plan approved by the judiciary

**For assistance contact the Office of Court Administrator, 109 State Street, Montpelier, VT 05609-0701 [(802) 828-3278]**

**Statement of Applicant**

I certify, under the pains and penalties of perjury, that all information I have provided in this application is true and accurate. I understand that furnishing false information may constitute unprofessional conduct and result in the denial of my application for licensure/certification or renewal. (The maximum penalty for perjury is 15 years in prison and/or a \$10,000 fine. 13 VSA § 2901)

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_



## T3 - Fire Sprinkler Installation, Maintenance, Repair & Testing supplemental information

*This application form must be filled out correctly, completely and legibly or it will be returned.*

**ANSWERS MUST BE IN INK!!.**

**I. EMPLOYMENT INFORMATION**

- A. Present Employer: \_\_\_\_\_ From: \_\_\_\_\_  
 Address: \_\_\_\_\_ To: \_\_\_\_\_
- B. Nature of Employer's Business \_\_\_\_\_
- C. Your Duties as an Employee or Self-Employed person \_\_\_\_\_
- D. Former Employer: \_\_\_\_\_ From \_\_\_\_\_  
 Address: \_\_\_\_\_ To \_\_\_\_\_
- E. Nature of Employer's Business \_\_\_\_\_
- F. Your Duties As Employee: \_\_\_\_\_
- G. Were you a registered Apprentice? \_\_\_\_\_ Where? \_\_\_\_\_
- H. Did you receive a Completion of Certificate of Apprenticeship? Yes / No **IF YES, PLESAS ENCLOSE A COPY.**

**2. EDUCATION**

	Name and Location of School	Dates Attended-Diploma?
High School	_____	_____
College	_____	_____
Other (Specify)	_____	_____

**4. DETAILED STATEMENT OF EXPERIENCE**

DATES	Give detailed account of experience in electrical construction and installation giving dates, employer and your duties

**5. AFFIDAVIT**

AFFIDAVIT, STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_ ss \_\_\_\_\_ being  
 duly sworn that he/she is the person who respect and that he/she has complied with all requirements of the law. \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\*(seal) s/ \_\_\_\_\_ \* Notary seal necessary only for oaths taken outside of Vermont.

