



**STATE FIRE MARSHAL  
IDAHO DEPARTMENT OF INSURANCE**

700 W. State Street, 3<sup>rd</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0043  
(208) 334-4370 | [www.doi.idaho.gov/sfm](http://www.doi.idaho.gov/sfm)

**STATE OF IDAHO**  
C.L. "Butch" Otter

## CHANGE OF ADDRESS FORM For Sprinkler Contractors and Sprinkler Fitters ONLY

EFFECTIVE DATE: \_\_\_\_\_

- Address Change  
 Phone Number Change

<b>NAME OF COMPANY</b>	<b>LICENSE #</b>
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**PREVIOUS PHYSICAL ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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**PREVIOUS MAILING ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>PREVIOUS PHONE NUMBER</b>	<b>PREVIOUS COMPANY FAX NUMBER</b>
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**NEW PHYSICAL ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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**NEW MAILING ADDRESS**

<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
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<b>COMPANY PHONE NUMBER</b>	<b>COMPANY FAX NUMBER</b>
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Signature of Owner, Officer or Manager: \_\_\_\_\_

Print Name: \_\_\_\_\_