



STATE OF CONNECTICUT
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION
Request for Transcripts and Records

Please **PRINT** legibly. The entire application must be completed.

Last Name	First Name	MI
Home Street Address		
Town	State	Zip Code
Telephone Home ()	Work ()	Cell ()
If your address on record has changed, check here <input type="checkbox"/>		
Email Address		
ID Number _____ - _____	Your Id consists of the <u>first 3 letters of your last name</u> and the <u>last 4 numbers of your social security number</u> . Example: John Adams – SS# 000-00-5555 The new ID # will be ADA-5555	
<u>\$5.00 Transcript Fee</u> required with application Check or Money Order only.		
Address to send document(s), if different than home address, and to whose attention, if applicable: _____ _____ _____ _____		

Signature : _____ Date: _____

For Certification Use Only (3-2013 Rev) Date Response Mailed _____ Initials _____

*Commission on Fire Prevention and Control
Certification Division
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