**Office of State Fire Marshal COC Request for Information**

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| Name of the entity requesting the COC (Certificate of Coverage) from you: |
| Address for entity requesting the COC from you: |
| Contact person for entity requesting the COC from you: |
| The State agency to be listed on the COC:  |
| Dates of Coverage:  |
| Purpose for COC request: |

ATTN: Kermit Nixon at Kermit.nixon@ncdoi.gov

Please allow 3-5 business days for a completed request.