



# COMMONWEALTH of VIRGINIA

## Virginia Department of Fire Programs

**Brad Creasy**  
EXECUTIVE DIRECTOR

**Billy Hux**  
STATE FIRE MARSHAL

**Nicholas Nanna**  
DEPUTY DIRECTOR

Date

Authorized Person

Title

Firm or Company

Street Address 1

Street Address 2

City, Virginia Zip

RE: Project

Dear Authorized Person

In accordance with your request, the State Fire Marshal's Office will provide fire prevention inspections or technical support for the above referenced facility. SFMO will charge an hourly rate for services for all time including, but not limited to, on-site inspections, report preparation, managerial review, meeting participation and travel time. The hourly rate will be \$150.00 per hour for services rendered during normal State business hours of 8:30 AM to 4:30 PM Monday through Friday and \$225.00 per hour for services rendered outside of normal State business hours when such afterhours work is performed at your request.

SFMO will present an itemized invoice on a monthly basis for services rendered. Payment for services rendered is due within 30 days of invoice date. Accounts not collected after 90 days will be sent to a third-party collection agency or the Office of Attorney General for collection. Checks should be made payable to "Treasurer of Virginia" and mailed to the State Fire Marshal's Office at 1005 Technology Park Drive, Glen Allen, Virginia 23059.

Please provide complete billing information as noted on the attached Authorization to Perform Services Form including Federal Identification Number, sign the "APPROVED/AUTHORIZED TO PROCEED" signature line to indicate your agreement to these terms, and E-mail the executed copy to me at E-mail address.

We look forward to working with you on this project.

Sincerely,

NAME  
TITLE

**State Fire Marshal's Office**  
1005 Technology Park Drive, Glen Allen, VA 23059-4500  
Phone: 804-612-7266 | F: 804-371-3444  
<https://www.vafire.com/state-fire-marshals-office>

Rev. Feb 2022

**AUTHORIZATION TO PERFORM SERVICES FORM**

Authorized Person  
Title  
Firm or Company  
Street Address 1  
Street Address 2  
City, Virginia Zip

RE: Project,

BILLING INFORMATION

Company (or Individual) Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Federal Identification Number (required for billing on credit): \_\_\_\_\_

APPROVED/AUTHORIZED TO PROCEED: \_\_\_\_\_ Date: \_\_\_\_\_

FIRE MARSHAL OR DESIGNEE SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_