The Commonwealth of Massachusetts

City / Town of _____

Application for Approval of Tank Truck

FP-044
(Rev. 1.1.2015**)**

➡ Return completed application to: _____ ⬅

City or Town: _____ Date: _____

In accordance with the provisions of 527 CMR 1.00 Chapter 42, Board of Fire Prevention Regulations, application is hereby made for approval of the transport vehicle described herein.

Name of Owner: _____

Address: _____
(Address of Permitted Land Where Vehicle is Parked Overnight: Street or P.O. Box, City or Town, Zip Code)

Vehicle Type: _____ Make:_____ Year: _____

Registration:_____ VIN #:_____

Tank Capacity: _____ Signature of Applicant:_____

☐ Approved ☐ Disapproved Date:_____ Permit #: _____

_____ _____
(Signature Head of the Fire Department or Designee) (Print Name Head of the Fire Department or Designee)

FIRE DEPARTMENT FILE COPY

✂ -

The Commonwealth of Massachusetts

City/Town of _____

PERMIT

FP-044
(Rev. 1.1.2015

City or Town: _____ Date: _____

Permit Number (if applicable): _____

In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to:

Name: _____
(Full Name of Person, Firm or Corporation)

Address: _____

Vehicle Type: _____ Make:_____ Year: _____

Registration:_____ VIN #:_____

Tank Capacity: _____ Permit #: _____

This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____

➡ **This original permit must remain with the transport vehicle** ⬅