



FP44 (rev. 8/08)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P.O. Box 1025, State Road, Stow, MA 01775



APPLICATION FOR APPROVAL OF TANK TRUCK

City or Town \_\_\_\_\_ Date \_\_\_\_\_

In accordance with the provisions of 527 CMR 8.00: 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

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



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PERMIT

City or Town \_\_\_\_\_ Date \_\_\_\_\_

In accordance with the provisions of 527 CMR 8.00 this permit is granted to:

Name: \_\_\_\_\_
Full name of person, firm or corporation granted permit

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

Vehicle Type: \_\_\_\_\_ Make: \_\_\_\_\_ Year: \_\_\_\_\_

Registration: \_\_\_\_\_ VIN #: \_\_\_\_\_

Tank Capacity: \_\_\_\_\_ Permit #: \_\_\_\_\_

This permit will expire on: \_\_\_\_\_

Signature of official granting permit

Print name and title

This original must remain with the transport vehicle