



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

