



Department of Fire Services Commonwealth of Massachusetts

Barge Application for Marine Fueling Permit (FP-293B)

"Application is hereby made in accordance with the provisions of Chapter 148 of the General Laws and 527 Code of Massachusetts Regulations, for a permit authorizing the "Use, Storage and Handling of Flammable and Combustible Liquids on Waters of the Commonwealth, including requirements for Marine Fueling Facilities, Mobile Marine Fuel Vehicles, Fuel Barges and Fuel Vessels".

Application for Permit is hereby made in accordance with 527 Code of Massachusetts Regulations (CMR) for the calendar year _____ by:

NAME OF BUSINESS: _____
Full Name of Firm, Corporation, Person

APPROVED PRODUCT TRANSFER SITES _____ CELL PHONE _____
() Check here and attach a separate piece of paper labeled "B1" if additional space is required.

BUSINESS MAILING ADDRESS _____
Street Number / P.O. Box

City/Town Zip code

BUSINESS TELEPHONE _____

BUSINESS EMAIL _____

NAME OF OWNER _____

ADDRESS OF OWNER _____ OWNER TELEPHONE _____

FORMER OWNER IF THIS IS A NEW BUSINESS _____

FORMER MAILING ADDRESS: _____
Street Number / P.O. Box City/Town Zip code

RESPONSIBLE PARTY OPERATING THIS BUSINESS _____

❖ I have read and understand the provisions of 527 Code of Massachusetts Regulations (CMR) related to Marine Fueling Yes () No ()

❖ Vessel is FUEL BARGE () OR FUEL VESSEL ()

❖ Vessel is YEAR ROUND () SEASONAL (), if seasonal please include dates of operation _____

❖ Vessel is NEW () RENEWAL (), if renewal please provide previous year's MF Permit # _____

❖ Flammable/Combustible Liquid to be dispensed is: Class I () Class II () Class III ()

Mail completed application to: Department of Fire Services • Attn: Licensing Desk

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775

978-567-3375 • www.mass.gov/dfs

FP-293B Rev. 6/23

Revenue Code 0693

I intend to fuel during the hours of darkness: _____
If yes, list hours that you intend to fuel during darkness _____

Yes () No ()

I have night lighting: _____

Yes () No ()

I hereby attest that the following individuals have been designated Fueling Facility Operations Supervisor(s) and are responsible employees who I have trained and consider to be competent in the handling of flammable and combustible liquids and are familiar with and understand the contents of 527 CMR 1.00 related to Marine Fueling, and the operation, mechanics and hazards inherent to the handling of flammable and combustible liquids and the fueling of vessels:

_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Date of Birth</i>
_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Date of Birth</i>
_____ <i>Name</i>	_____ <i>Address</i>	_____ <i>Date of Birth</i>

() Check here and attach a separate piece of paper labeled "B2" if additional space is required.

❖ **FUEL BARGE or FUEL VESSEL**

List each fuel barge or fuel vessel.

BARGE OR VESSEL NAME: _____

Documentation Number: _____

() Check here and attach a separate piece of paper labeled "B3" if additional space is required.

Approved product transfer (fueling) sites: _____

() Check here and attach a separate piece of paper labeled "B4" if additional space is required.

BARGE OR VESSEL NAME: _____

Documentation Number: _____

() Check here and attach a separate piece of paper labeled "B5" if additional space is required.

Approved product transfer (fueling) sites: _____

() Check here and attach a separate piece of paper labeled "B6" if additional space is required.

The Harbormaster shall describe and approve in writing each fueling site.

Approved Mooring Sites:

() Check here and attach a separate piece of paper labeled "B7" if additional space is required.

You must include a photocopy of the United States Coast Guard Certificate of Inspection and Harbormaster approval for each fuel barge or fuel vessel.

I hereby certify under the penalties of perjury that (1) to the best of my knowledge and belief the above statements and attachments are true and accurate, (2) this application is made upon the express condition that any and all other applicable authorizations necessary have been secured and (3) I have filed all Massachusetts tax returns and paid all Massachusetts taxes required by law. (Authority: Chapter 62C, s. 49A, MGL as amended by Chapter 233, Acts of 1983).

Print Name: _____ **Date:** _____
() Officer of Corporation () Owner

Social Security or Federal Employee Identification Number of the Business: _____

Signature of Applicant: _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

FIRE DEPARTMENT NOTIFICATION AND APPROVAL

I certify that I have inspected or caused to be inspected the above fueling facility (sites) and found them to comply with the Provisions of 527 CMR.

I am directing that the following restrictions shall apply:

() Check here and attach a separate piece of paper labeled "B8" if additional space is required.

Signature: _____ **Date:** _____
Head of Fire Department (or Designee)

Print name of Head of Fire Department or Designee and name of Fire Department

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

A Guide to the Application for a Marine Fuel Permit for a Barge or Vessel
(527 CMR 1.00 and M.G.L. c. 148)

Secure, read and understand 527 Code of Massachusetts Regulations (CMR). This regulation is available from the State House Book Store, Public Document Room 116, Boston, MA 02133 (Telephone 617-727-2834), and an *unofficial* copy on the DFS website at www.mass.gov/dfs.

Application for a Marine Fueling Permit is made on Fire Prevention Form, FP-293B.

This application may be obtained on the DFS website at www.mass.gov/dfs. The application may be photocopied, provided that all signatures are originals.

- ❑ **All applicants must read the regulation.**
- ❑ **One application per city, town, or fire district.**
- ❑ **Fire Department Notification and Approval** must be completed and signed by the head of the fire department or his/her designee within the jurisdiction of the fuel transfer. By this signature, the fire department is certifying that they have knowledge of the transfer of fuel, the site is in compliance with the regulation and any local restrictions are included in the terms and conditions of the permit. **All permit applications must be signed by the fire department.**
- ❑ **FUEL BARGE or FUEL VESSEL section** must be completed by those applicants seeking to use a **Fuel Barge or Fuel Vessel** to transfer fuel to a marine craft. The following documents must also be attached: copies of the vessel's **US Coast Guard Certificate of Inspection**, and **a letter from the Harbor Master** in whose jurisdiction the vessel is legally moored.

For each city, town or fire district, YOU must forward a completed application, the renewal notice (if applicable), all of the appropriate documents listed above, and a check or money order for **\$100.00** made payable to the Commonwealth of Massachusetts, to the Division of Fire Safety, ATTN: Marine Fueling Permit, P.O. Box 1025, State Road, Stow, MA 01775, on or before the expiration date (December 31 of the year issued).

All incomplete applications for permits will be returned to the applicant. Any delay in the issuance of a permit, due to an incomplete filing, will be the sole responsibility of the applicant, and could result in civil and/or criminal penalties pursuant to 527 CMR 1.00.