



The Commonwealth of Massachusetts
 Department of Fire Services Office of the State Fire Marshal
 Executive Office of Public Safety
 Post Office Box 1025, Stow, Massachusetts 01775
 978-567-3300 Fax: 978-567-3199



FP - 074

Note: One (1) form per trailer or firing board.

APPLICATION FOR PORTABLE FIRING TRAILER INSPECTION

To be completed by applicant

Company Name: _____
(Name of person, firm or corporation)

Date of Issue: _____

Address: _____
Number and Street City/Town State Zip

Registration/Plate #: _____ Number of Mortars: _____

Serial/Manufacturer/Model: _____

Issue Date: _____	
Inspected by: _____	Tag #: _____
Exp. Date: _____	

ELECTRICAL FIRING UNIT INSPECTION

To be completed by applicant

Name: _____
(Name of person, firm or corporation)

Address: _____
Number and Street City/Town State Zip

Type: _____ Serial #: _____

Issue Date: _____	
Inspected by: _____	Tag #: _____
Exp. Date: _____	

Approvals granted on or after 7/1/2009 are valid for five years.