



FP-87

The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Department of Fire Services

P.O. Box 1025 ~ State Road

Stow, Massachusetts 01775

(978) 567~3100 Fax: (978) 567~3199



STEPHEN D. COAN
STATE FIRE MARSHAL

APPLICATION FOR RENEWAL OF CERTIFICATE OF COMPETENCY FOR SERVICING
PORTABLE FIRE EXTINGUISHERS AND/OR FIXED FIRE EXTINGUISHING SYSTEMS

CC # _____

All applications must be submitted to the Office of the State Fire Marshal at least 30 days prior to expiration.
Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete
filing, will be the sole responsibility of the applicant.

Follow these instructions to complete the application for renewal of a Certificate of Competency:

- Type or print in black ink on this application, and sign the form where indicated. This application must be notarized.
Include with this application two (2) passport style color photographs measuring 1"x 1 1/4".
Mark an X next to the restriction for which this application is being made:

- R 41 ___ Self Serve (Motor Fuel) Facilities* R 48 ___ Pre-Engineered Fixed Systems*
R 46 ___ Portable Fire Extinguishers R 49 ___ Hydrostatic Testing of Cylinders
R 47 ___ Engineered Fixed Systems

* Please note: An applicant requesting to take the Self-serve (Motor Fuel) Facilities (R 41) exam must first pass the exam
and possess the Pre-Engineered Fixed Systems (R 48) on his Certificate of Competency.

- Make check or money order payable to the Commonwealth of Massachusetts at \$10.00 for each restriction.
Total amount enclosed _____. There is a returned check charge of \$15.00 assessed under the provisions of 801CMR 4.08.

APPLICANT INFORMATION

Name of Applicant: Last First Middle Date of Birth: Month/Day/Year

Street Address: Residential street address required City/Town State Zip

Mailing Address (if different) P.O. Box City/Town State Zip

Social Security Number: Phone Number: -

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal
documents showing your INS-issued alien number or admission number and social security card.)

Height: Weight: Eyes: Hair: Sex:

The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR, shall provide
the Marshal with an accurate address and mailing at the time of application and shall report any changes of such
address to the Marshal within fourteen (14) days of the date of such change. 527 CMR 1.03(6)(b).

Present Employer: Employer's CR #:

Employer's Address: Street Address City/Town State Zip

Position Held: _____ How Long Employed at This Position: _____

Are you currently certified for any other licenses or certificates? If so, list what type and the license or certificate number:

Type	Issued by what state	License/certificate number
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Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? { }YES { }NO
Have you ever been convicted of any felony in any state or federal jurisdiction? { }YES { }NO
Have you ever had a license or permit suspended or revoked in any state or federal jurisdiction? { }YES { }NO
Have you as an individual, partner, or as an officer of any business or corporation, ever appeared before any regulatory authority, to answer for any alleged violation or other disciplinary action, regarding any license certificate or permit? { }YES { }NO

Any question answered "Yes" must be explained on an attached sheet of paper

APPLICANT CERTIFICATION

I attest that I have read and am familiar with 527 CMR (Code of Massachusetts Regulations) 23.00. I declare under the penalty of perjury that to the best of my knowledge and belief, the statements made and information given herein are true as of the date of this application. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment. I do hereby assert and agree, as a condition precedent to the receiving of said certificate(s) of competency, that same may, at any time, be summarily revoked or suspended by the State Fire Marshal for any infraction of, or failure to comply with all rules and regulations of the Board of Fire Prevention Regulations pertaining to CMR 23.00.

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, §49A, I CERTIFY UNDER THE PENALTIES OF PERJURY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, I HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

Signature: _____ Date: _____

Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification: _____

_____ ss: Date: _____

Before me, then personally appeared the above named Affiant, _____ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

Notary Signature: _____
Notary Name (printed): _____
Commission Expiration Date: _____

(Seal)