



Department of Fire Services  
Commonwealth of Massachusetts

Magazine Permit Application (FP-017)

New  Renew  Amended MP# \_\_\_\_\_

EUC # \_\_\_\_\_ EUC Expiration Date \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (include extension) \_\_\_\_\_ FAX \_\_\_\_\_

Check if mailing address is same  Check if change of address

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant Name \_\_\_\_\_

Email \_\_\_\_\_

Ownership  Owned  Leased  Borrowed  Rented

Owner Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

List name and phone of two people who can open magazine for inspections and emergencies

Authorized Person \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Person \_\_\_\_\_ Phone \_\_\_\_\_

Alarm Company

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Manufacturer \_\_\_\_\_

Company Number \_\_\_\_\_

For Trucks State \_\_\_\_\_ Registration \_\_\_\_\_ VIN \_\_\_\_\_

**New and Amended Applications Only**

Magazine Type

October 31<sup>st</sup>  
Renewal

Building  Secured Area  Conex Box  
 Igloo  Permanent Box

March 31<sup>st</sup>  
Renewal

Truck  Day Box  
 Trailer  Portable Box

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ATF Type

Type I  
 Type II  
 Type III  
 Type IV  
 Type V

Explosives Type

High Ex  
 Fireworks  
 Blasting Agent  
 Detonators  
 Black Smokeless Powder

Lock Type

Padlock  
 Mortise  
 Three-Point

Capacity

\_\_\_\_\_  
 Pounds  
 No. Cases  
 Units

Height \_\_\_\_\_

Length \_\_\_\_\_

Width \_\_\_\_\_

Site is: Barricaded Unbarricaded Table of Distance Capacity\_\_\_\_\_

Closest:

Magazine\_\_\_\_\_feet Passenger Railway\_\_\_\_\_feet Latitude\_\_\_\_\_

Highway\_\_\_\_\_feet Inhabited Building\_\_\_\_\_feet Longitude\_\_\_\_\_

Closest Inhabited Building Address\_\_\_\_\_

Highway Name\_\_\_\_\_

For Permanent Storage Only: Submit plot plan diagram of premises, not necessarily to scale, showing all buildings and all magazines identified with distances as described here.

### Certification

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosives Laws and Regulations. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

Pursuant to G.L. c. 148, §12, I acknowledge that the submittal of this application constitutes my consent to periodic administrative inspections by the State Fire Marshal or his designee of any building, structure, magazine or facility used to store such explosive materials or any records relative thereto.

Upon the sale or transfer of this Magazine, this Explosive Storage Magazine Permit is no longer valid.

I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penal ties and imprisonment.

Preparer Signature\_\_\_\_\_ Date\_\_\_\_\_

Print Name\_\_\_\_\_

Restricted. Department of Fire Services Use Only.

Permit No. MP# \_\_\_\_\_

Expiration Date \_\_\_\_\_

Inspection Date \_\_\_\_\_

Inspected by \_\_\_\_\_

Comments

Previous Permit No. MP# \_\_\_\_\_