



BPV-030

# COMMONWEALTH OF MASSACHUSETTS

## DEPARTMENT OF FIRE SERVICES

### INSPECTION APPLICATION - PRESSURE VESSEL DATA

Department of Fire Services, Boiler &amp; Pressure Vessel Program, 1 State Rd. Stow, MA 01775-1025

Phone (978) 567-3780



Please use a separate application for each device to be inspected

New Installation ( )	Annual Inspection ( )
<b>TYPE OF PRESSURE VESSEL</b>	<b>CHECK ONE:</b>
Air Tank	( ) Inspection Fee - \$50.00
Boiler, Cast Iron Sectional	( ) Inspection Fee - \$50.00
Boiler, Other:	( ) Inspection Fee - \$100.00
Refrigeration/Air Conditioning – 20 ton capacity	( ) Inspection Fee - \$60.00 (minimum)
\$2 fee for each additional 20 tons	Additional Tons _____ Additional Fee \$ _____
(Maximum inspection fee for Refrigeration/AC is \$300)	
Check # _____	Total Amount Due/Enclosed: \$ _____. ____

**\*\* AFTER INSPECTION THE DEPARTMENT WILL INVOICE A MANDATORY \$50.00 CERTIFICATE PROCESSING FEE \*\***  
**CERTIFICATES WILL NOT BE ISSUED UNTIL PAYMENT IS RECEIVED**

Manufacturer: \_\_\_\_\_ Year: \_\_\_\_\_

National Board # \_\_\_\_\_ Mass Tag # \_\_\_\_\_ Not to exceed \_\_\_\_\_ lbs/sq in

In compliance with M.G.L., Chapter 146 and application regulations, the undersigned applies for the required inspection.

\_\_\_\_\_  
Signature of Owner or Authorized Representative\_\_\_\_\_  
Date**OWNER/USER INFORMATION (please print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ PAYMENT EMAIL: \_\_\_\_\_

**LOCATION OF PRESSURE VESSEL (please print)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ CERTIFICATE EMAIL: \_\_\_\_\_

Mail Application and Payment to:

**Commonwealth of Massachusetts – Boiler Inspection Program****P. O. Box 417599****Boston, MA 02241-7599***Enclose a check or money order made payable to: The Commonwealth of Massachusetts.**Revised May 2017*