



BPV-013

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF FIRE SERVICES
Application for Certificate of Competency as Inspector of Pressure Vessels
Department of Fire Services, Boiler & Pressure Vessel Program, 1 State Rd. Stow, MA 01775-1025



Application must be filled out in ink and accompanied with a non-refundable processing fee of \$100.00

I, the undersigned, representing _____
(Name of Company)

hereby request that _____,
(Name of Applicant)

named Company, be examined for a Certificate of Competency as an Inspector of Pressure Vessels.

(Signature)_____
(Date)_____
(Print Name)

☐ (Check box if applicable) I am requesting examination accommodations due to a disability that substantially limits my ability to perform a major life activity. **You must submit the Accommodations Request Form along with the required documentation as part of this application in order for this request to be considered.**

I hereby make application for a Certificate of Competency as an Inspector of Pressure Vessels that the following statements are correct:

(Full Name)_____
(Date of Birth)_____
(Height)_____
(Home Address)_____
(Street-City-State-Zip Code)_____
(E-Mail Address)_____
(Telephone No.)_____
(SS No.)

My business address with the above-name Company will be at:

(Street-City-State-Zip Code)

AUTHORIZATION FOR RELEASE OF RMV PHOTO INFORMATION
(MASSACHUSETTS RESIDENTS ONLY)

My signature below authorizes the Department of Fire Services to electronically access my photograph from the **Massachusetts Registry of Motor Vehicles** database solely for use on this license/registration.

MA- RMV photo release signature

BOILER CONSTRUCTION EXPERIENCE

Employers Name	Period of Employment	Employed as

BOILER INSTALLATION EXPERIENCE

Employer's Name	Period of Employment	Employed as

BOILER OPERATING EXPERIENCE

Employer's Name	Period of Employment	Employed as

BOILER INSPECTION EXPERIENCE

Employer's Name	Period of Employment	Employed as

Date of last examination for Massachusetts Certificate: _____

A TRUE STATEMENT MADE UNDER THE PENALTIES OF PERJURY.

(Signature of Applicant)

PRINT LAST NAME

SOCIAL SECURITY NO.

TAX STATEMENT

Pursuant to Massachusetts General Laws, c. 62C, § 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all State Tax Returns and paid all State Taxes required under Law, and otherwise complied with all other provisions of said statute.

Signature of Applicant

Date

SEND THIS APPLICATION ALONG WITH A NON-REFUNDABLE FEE OF \$100.00 (CHECK OR MONEY ORDER) ALONG WITH A COPY OF YOUR NATIONAL BOARD COMMISSION TO:

**DEPARTMENT OF FIRE SERVICES
ATTN: BPV PROGRAM
PO BOX 1025
STOW, MA 01775**

***** DFS INSPECTOR USE ONLY *****

DATE OF EXAMINATION: _____ RESULT OF EXAMINATION: _____ PASSED

CERTIFICATE NO. _____ _____ FAILED

EXAMINING DFS INSPECTORS
