



BPV – 030A

**COMMONWEALTH of MASSACHUSETTS
DEPARTMENT of FIRE SERVICES**

APPLICATION FOR PRESSURE VESSEL PERMIT/INSTALLATION INSPECTION

Department of Fire Services, Boiler & Pressure Vessel Inspection Program, 1 State Road, Stow, MA 01775-1025



YOUR PROJECT NUMBER OR IDENTIFICATION NUMBER:							
NUMBER OF PRESSURE VESSELS TO BE INSTALLED							
ESTIMATED INSTALLATION START DATE:			ESTIMATED COMPLETION DATE:				
HOW WOULD YOU PREFER TO RECEIVE YOUR PERMIT APPROVAL NOTICE:		EMAIL	<input type="checkbox"/>	MAIL	<input type="checkbox"/>	FAX:	<input type="checkbox"/>
PRESSURE VESSEL LOCATION INFORMATION							
FACILITY NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP	COUNTY		
OWNER NAME		PHONE NUMBER		FAX NUMBER			
IS THIS BUSINESS COVERED BY AN INSURANCE INSPECTOR?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	UNK	<input type="checkbox"/>
INSURERS NAME							
TYPE OF BUSINESS							
PRIMARY CONTACT INFORMATION		<input type="checkbox"/> SAME AS LOCATION					
NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP			
TITLE		PHONE NUMBER		CELL NUMBER			
BILLING CONTACT INFORMATION		<input type="checkbox"/> SAME AS PRIMARY CONTACT		<input type="checkbox"/> SAME AS LOCATION			
NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP			
TITLE		PHONE NUMBER		CELL NUMBER			
INSTALLER INFORMATION							
NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP			
LICENSE NUMBER / EXP. DATE		PHONE NUMBER		CELL NUMBER			
PERMIT / INSPECTION FEE							
PRESSURE VESSEL (Compressed Air Receiver)					\$50.00		
<p>Please complete a separate Attachment A for each boiler. Mail completed application(s) with fee payment (check or money order payable to the Comm. of Massachusetts) and any additional documentation to:</p> <p align="center">DFS Boiler & Pressure Vessel Inspection Program PO Box 1025 Stow, MA 01775</p> <p><i>**NOTE: An invoice for the associated Certificate Fee (\$50 each) will be sent once the inspection has been completed**</i></p>							

Attachment A, BPV-030A

(Please complete a separate Attachment A for each pressure vessel to be installed.)

PRESSURE VESSEL (Check One)		
New Pressure Vessel Installation <input type="checkbox"/>	Used Pressure Vessel Installation <input type="checkbox"/>	Emergency Installation <input type="checkbox"/>
PRESSURE VESSEL MANUFACTURER:		
Manufacturer:	Year Built:	National Board Number:
PRESSURE VESSEL DIMENSIONS		
Diameter in Inches:	Length in Inches:	Clearance from Floor in Inches:
PRESSURE VESSEL CAPACITY: (Check One)		
Gallons: <input type="checkbox"/>	Cubic Feet: <input type="checkbox"/>	Other: <input type="checkbox"/>
ASME CERTIFICATE MARK: (Check One)		
ASME Stamp U <input type="checkbox"/>	ASME Stamp UM <input type="checkbox"/>	
MAXIMUM ALLOWABLE PRESSURE:		
MAWP:		
LOCATION of VESSEL WITHIN THE FACILITY:		
Location:		
AIR COMPRESSOR OUTPUT: (Check One)		
Cubic Feet / Minute: <input type="checkbox"/>	Horse Power: <input type="checkbox"/>	
SAFETY RELIEF VALVE:		
Size:	Set Pressure:	Capacity
Size:	Set Pressure:	Capacity
MANUFACTURERS DATA REPORT: (Check One)		
Manufacturers Data Report	Attached <input type="checkbox"/>	Supplied at Time of Inspection <input type="checkbox"/>
EMERGENCY REMOTE SHUTDOWN: (Check All That Apply)		
Emergency Remote Shutdown switch(s) Installed <input type="checkbox"/>	Power Disconnect (Lockout) Installed <input type="checkbox"/>	
COMMENTS:		
FOR OFFICIAL USE ONLY:		