



**COMMONWEALTH of MASSACHUSETTS  
DEPARTMENT of FIRE SERVICES**



BPV – 030A

**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"/>		
<b>LOCATION INFORMATION</b>					
LOCATION NAME				EMAIL ADDRESS	
LOCATION 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					
<b>PRIMARY CONTACT INFORMATION</b>		<input type="checkbox"/> SAME AS LOCATION			
NAME				EMAIL ADDRESS	
ADDRESS		CITY	STATE	ZIP	
TITLE		PHONE NUMBER		CELL NUMBER	
<b>BILLING CONTACT INFORMATION</b>		<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	
<b>INSTALLER INFORMATION</b>					
NAME				EMAIL ADDRESS	
ADDRESS		CITY	STATE	ZIP	
LICENSE NUMBER / EXP. DATE		PHONE NUMBER		CELL NUMBER	
<b>PERMIT / INSPECTION FEE</b>					
PRESSURE VESSEL (Compressed Air Receiver)					\$50.00
<p><b>Please complete a separate Attachment A for each pressure vessel. Mail completed application(s) with fee payment (check or money order payable to the Comm. of Mass.) and any additional documentation to:</b></p> <p align="center"><b>Boiler &amp; Pressure Vessel Permits P.O. Box 411757 Boston, MA 02241-1757</b></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.)

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