



**COMMONWEALTH of MASSACHUSETTS
DEPARTMENT of FIRE SERVICES**



BPV – 030R

APPLICATION FOR REFRIGERATION 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 REFRIGERATION UNITS 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"/>
REFRIGERATION INSTALLATION LOCATION INFORMATION							
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			
CONTACT NAME		PHONE NUMBER		FAX NUMBER			
BILLING CONTACT INFORMATION		<input type="checkbox"/> SAME AS LOCATION		<input type="checkbox"/> SAME AS OWNER			
NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP			
CONTACT NAME		PHONE NUMBER		FAX NUMBER			
INSTALLER INFORMATION							
NAME				EMAIL ADDRESS			
ADDRESS		CITY	STATE	ZIP			
REFRIGERATION LICENSE NUMBER/EXP. DATE		PHONE NUMBER		FAX NUMBER			
PERMIT / INSPECTION FEE							
SYSTEM TONNAGE:	CALCULATE FEE: \$ 60.00 for the First 20 Tons ADD: \$ 2.00 for Each Additional 20 Tons		TOTAL REFRIGERATION INSPECTION FEE: (\$300.00 Max)				
<p>Please complete a separate Attachment A for each system. 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 align="center"><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-030R

(Please complete a separate Attachment A for each refrigeration system to be installed.)

REFRIGERATION SYSTEM INSTALLATION TYPE: (Check One)			
New Refrigeration System <input type="checkbox"/>	Used Refrigeration System <input type="checkbox"/>	Portable Installation <input type="checkbox"/>	
REFRIGERATION EQUIPMENT MANUFACTURER:			
Manufacturer:	Year Built:	Model:	
VESSEL NATIONAL BOARD # / ASME CERTIFICATE MARK:			
National Board Number:	ASME Stamp U <input type="checkbox"/>	ASME Stamp UM <input type="checkbox"/>	
National Board Number:	ASME Stamp U <input type="checkbox"/>	ASME Stamp UM <input type="checkbox"/>	
REFRIGERANT SAFETY CLASSIFICATION: (Check One)			
A1 <input type="checkbox"/>	A2L <input type="checkbox"/>	A2 <input type="checkbox"/>	A3 <input type="checkbox"/>
B1 <input type="checkbox"/>	B2L <input type="checkbox"/>	B2 <input type="checkbox"/>	B3 <input type="checkbox"/>
TYPE of REFRIGERANT USED: (Check One)			
Ammonia (717) <input type="checkbox"/>	R-134A <input type="checkbox"/>	R-22 <input type="checkbox"/>	
R-404A <input type="checkbox"/>	R-410 <input type="checkbox"/>	Other: <input type="checkbox"/>	
REFRIGERANT FULL CHARGE CAPACITY: (Complete One)			
Pounds:		Gallons:	
REFRIGERANT LEAK DETECTION:			
Manufacturer:		Year:	
REFRIGERATION SYSTEM MAXIMUM CAPACITY: (Complete All That Apply)			
Btu's / hour:	Refrigeration Tonnage:	Horse Power:	
Safety Relief Valves: (Complete All That Apply)			
Size:	Set Pressure:	Capacity:	
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:			