



BPV – 030R

**COMMONWEALTH of MASSACHUSETTS  
DEPARTMENT of FIRE SERVICES****APPLICATION FOR REFRIGERATION PERMIT/INSTALLATION INSPECTION**

Department of Fire Services, Boiler &amp; 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

☐

MAIL

☐

FAX:

☐**REFRIGERATION INSTALLATION LOCATION INFORMATION**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 ☐NO ☐UNK ☐

INSURERS NAME

TYPE OF BUSINESS

**PRIMARY CONTACT INFORMATION**☐ SAME AS LOCATION

NAME

EMAIL ADDRESS

ADDRESS

CITY

STATE

ZIP

CONTACT NAME

PHONE NUMBER

FAX NUMBER

**BILLING CONTACT INFORMATION**☐ SAME AS LOCATION☐ 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**CALCULATE FEE PER UNIT TONNAGE,  
(EACH ATTACHMENT A)

ADD \$ 60.00 for the First 20 tons (per unit)

AND \$ 2.00 for Each Additional 20 Tons (per unit)

TOTAL REFRIGERATION INSPECTION FEE:  
(\$300.00 Max)**Please complete a separate Attachment A for each unit. Mail completed application(s) with fee payment (check or money order payable to the Comm. of Massachusetts) and any additional documentation to:****Boiler & Pressure Vessel Permits  
P.O. Box 411757  
Boston, MA 02241-1757****\*\*NOTE: An invoice for the associated Certificate Fee (\$50 each) will be sent once the inspection has been completed\*\***

**Attachment A, BPV-030R***(Please complete a separate Attachment A for each refrigeration unit to be installed.)*

<b>REFRIGERATION UNIT INSTALLATION TYPE: (Check One)</b>			
New Refrigeration Unit <input type="checkbox"/>	Used Refrigeration Unit <input type="checkbox"/>	Portable Installation <input type="checkbox"/>	
<b>REFRIGERATION EQUIPMENT MANUFACTURER:</b>			
Manufacturer:		Year Built:	Model:
<b>VESSEL NATIONAL BOARD # / ASME CERTIFICATE MARK:</b>			
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"/>	
<b>REFRIGERANT SAFETY CLASSIFICATION: (Check One)</b>			
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"/>
<b>TYPE of REFRIGERANT USED: (Check One)</b>			
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"/>	
<b>REFRIGERANT FULL CHARGE CAPACITY: (Complete One)</b>			
Pounds:		Gallons:	
<b>REFRIGERANT LEAK DETECTION:</b>			
Manufacturer:		Year:	
<b>REFRIGERATION UNIT MAXIMUM CAPACITY: (Complete All That Apply)</b>			
Btu's / hour:	Refrigeration Tonnage:	Horse Power:	
<b>Safety Relief Valves: (Complete All That Apply)</b>			
Size:	Set Pressure:	Capacity:	
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>			