



BPV – 030R

**COMMONWEALTH of MASSACHUSETTS
DEPARTMENT of FIRE SERVICES****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:			THE MAXIMUM INSPECTION FEE OF \$300 IS FOR EACH UNIT, NOT FOR THE TOTAL UNITS 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					
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					
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 (PER UNIT)					
Calculate Inspection Fees Based on Each Units Refrigeration Tonnage: \$60.00 for the first 20 tons + \$2.00 for each additional 20 tons			Maximum Fee Per Unit: \$300		Total Amount:
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.)*

REFRIGERATION UNIT INSTALLATION TYPE: (Check One)			
New Refrigeration Unit <input type="checkbox"/>	Used Refrigeration Unit <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 UNIT 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 (if applicable): (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:			