



Department of Fire Services
Commonwealth of Massachusetts

Magazine Permit Application (FP-017)

New Renew Amended MP# _____

EUC # _____ EUC Expiration Date _____

Company Name _____

Company Address _____

City _____ State _____ Zip _____

Phone (include extension) _____ FAX _____

Check if mailing address is same Check if change of address

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Applicant Name _____

Email _____

Ownership Owned Leased Borrowed Rented

Owner Name _____

Mailing Address _____

List name and phone of two people who can open magazine for inspections and emergencies

Authorized Person _____ Phone _____

Authorized Person _____ Phone _____

Alarm Company

Contact _____ Phone _____

Contact _____ Phone _____

Manufacturer _____

Company Number _____

For Trucks State _____ Registration _____ VIN _____

New and Amended Applications Only

Magazine Type

October 31st Renewal Building Secured Area Conex Box Igloo Permanent Box Trailer Portable Box
March 31st Renewal Truck Day Box

Street Address _____

City _____ State _____ Zip _____

ATF Type	Explosives Type	Lock Type	Capacity	Height _____
<input type="checkbox"/> Type I	<input type="checkbox"/> High Ex	<input type="checkbox"/> Padlock	_____	Length _____
<input type="checkbox"/> Type II	<input type="checkbox"/> Fireworks	<input type="checkbox"/> Mortise	<input type="checkbox"/> Pounds	Width _____
<input type="checkbox"/> Type III	<input type="checkbox"/> Blasting Agent	<input type="checkbox"/> Three-Point	<input type="checkbox"/> No. Cases	
<input type="checkbox"/> Type IV	<input type="checkbox"/> Detonators		<input type="checkbox"/> Units	
<input type="checkbox"/> Type V	<input type="checkbox"/> Black Smokeless Powder			

Site is: Barricaded Unbarricaded Table of Distance Capacity_____

Closest:

Magazine_____feet Passenger Railway_____feet Latitude_____

Highway_____feet Inhabited Building_____feet Longitude_____

Closest Inhabited Building Address_____

Highway Name_____

For Permanent Storage Only: Submit plot plan diagram of premises, not necessarily to scale, showing all buildings and all magazines identified with distances as described here.

Certification

I attest that I have reviewed and am familiar with all Commonwealth of Massachusetts Explosives Laws and Regulations. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency. I certify that I am authorized to execute this application.

Pursuant to G.L. c. 148, §12, I acknowledge that the submittal of this application constitutes my consent to periodic administrative inspections by the State Fire Marshal or his designee of any building, structure, magazine or facility used to store such explosive materials or any records relative thereto.

Upon the sale or transfer of this Magazine, this Explosive Storage Magazine Permit is no longer valid.

I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.

Preparer Signature_____ Date_____

Print Name_____

Restricted. Department of Fire Services Use Only.

Permit No. MP# _____

Expiration Date _____

Inspection Date _____

Inspected by _____

Comments

Previous Permit No. MP# _____