Department of Fire Services
Commonwealth of Massachusetts

Application for Certificate of Registration for On-Demand Fueling (FP-043)

CHECK ONE: ☐ NEW ☐ RENEWAL #_____ (for renewal only)

I. APPLICATION INSTRUCTIONS

- ❑ Type or print in ink all items on this form. Sign the form where indicated.
- ❑ Include evidence of valid liability insurance coverage in the form of a certificate issued by your insurance agency listing the name of the carrier and claims representative, providing general liability in the amount of $1,000,000 per occurrence and $5,000,000 aggregate coverage. It is the responsibility of the applicant/licensed company to advise the Office of the State Fire Marshal, in writing, cancellation notice has been issued by your insurance carrier. Your insurance carrier must be licensed by the Massachusetts Division of Insurance.
- ❑ Application contains a notarized statement attesting that fueling operations shall meet the requirements of the State Fire Code (527 CMR 1.00), Chapter 42, in effect at the date of application renewal.
- ❑ Application contains a notarized statement attesting that the applicant understands the contents of the State Fire Code, and M.G.L. Chapter 148.
- ❑ Provide a copy of the general safety, and emergency response plan.

Note: ***Upon receipt of this application, the Department of Fire Services will contact you to schedule an inspection of your fueling vehicle(s). On-demand fueling shall not commence until vehicles have been inspected and permitted by this office.***

All applications must be submitted to the Division of Fire Safety at the address above at least 30 days prior to expiration. Incomplete applications will be returned. Any delay in the issuance of a license or permit, due to an incomplete filing will be the sole responsibility of the applicant.

II. COMPANY INFORMATION

Note: <u>All entities conducting business in the Commonwealth of Massachusetts must comply with the rules and regulations of the Secretary of State's Office.</u>

Name of Company or Firm making application:_____

Street Address: _____
City/Town State Zip

Business (Mailing) Address:_____
City/Town State Zip

Email Address of Contact Person:_____
(All renewal notices will be sent electronically, not by regular mail.)

Fueling vehicle information:

1) _____
Year Make Model Vin

2) _____
Year Make Model Vin

3) _____
Year Make Model Vin

4) _____
Year Make Model Vin

5) _____
Year Make Model Vin

Location(s) where fueling vehicle(s) will be parked overnight:

1) _____
Address City/Town State Zip

2) _____
Address City/Town State Zip

3) _____
Address City/Town State Zip

4) _____
Address City/Town State Zip

5) _____
Address City/Town State Zip

Note: The Department of Fire Services shall be notified in writing within 14 calendar days of any substitute or replacement to fueling vehicles, or change in locations where the vehicles are parked overnight.

If additional space is needed to list fueling vehicles, or parking locations, list all others on a separate sheet of paper and attach it to this application.

Business Phone Number (daytime): _____

Emergency Contact Phone Number (24/7):_____

FEIN (Federal Employer Identification Number):_____

USDOT Number:_____

My current Massachusetts On-Demand Fueling Certificate of Registration number:_____
Expires:_____

III. EMPLOYEES (engaged in fueling operations)

NAME	ADDRESS	TELEPHONE #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

If additional space is needed, list all other employees on a separate sheet of paper and attach it to this application.

IV. APPLICANT CERTIFICATION

A. I attest that I have reviewed and complied with all Commonwealth of Massachusetts on-demand fueling regulations, and all federal laws and regulations relative to the registration, transportation, possession and use of combustible and flammable liquids. 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.

B. Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law and otherwise complied with all other provisions of said statute.

C. I attest that all on-demand fueling shall be conducted in accordance to the requirements of M.G.L. c. 148, 527 CMR 1.00 (Chap. 42) and all applicable Federal references and regulations.

D. My company/corporation has filed any and all appropriate paperwork with the MA Secretary of State Division of Corporations.

E. I acknowledge that I must maintain the required insurance as a condition of maintaining a valid On-Demand Fueling Certificate of Registration.

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.

Signature: _____ Date: _____

Print Name and Title (Owner/Corporate Officer): _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.

Statement of Notary Public:

The above information was verified by reviewing the following form of government issued photographic identification: _____

State of _____

County_____ ss. Date: _____

Before me, then personally appeared the above named Affiant, _____ who acknowledged, by his signature, the foregoing Affidavit and Endorsement to be true and to be the Affiant's free act and deed.

(Seal) Notary Signature: _____

Notary Name (printed): _____

Commission Expiration Date:_____