



# Department of Fire Services Commonwealth of Massachusetts

## Application for Portable Firing Trailer or Electrical Firing Unit Inspection (FP-074)

*Note: One (1) form per trailer or firing board.*

### APPLICATION FOR PORTABLE FIRING TRAILER INSPECTION

*To be completed by applicant*

Company Name: \_\_\_\_\_  
(Name of person, firm or corporation)

Date of Issue: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City/Town State Zip

Registration/Plate #: \_\_\_\_\_ Number of Mortars: \_\_\_\_\_

Serial/Manufacturer/Model: \_\_\_\_\_

Issue Date: _____	
Inspected by: _____	Tag #: _____
Exp. Date: _____	

### ELECTRICAL FIRING UNIT INSPECTION

*To be completed by applicant*

Name: \_\_\_\_\_  
(Name of person, firm or corporation)

Address: \_\_\_\_\_  
Number and Street City/Town State Zip

Type: \_\_\_\_\_ Serial #: \_\_\_\_\_

Issue Date: _____	
Inspected by: _____	Tag #: _____
Exp. Date: _____	

*Approvals granted on or after 7/1/2009 are valid for five years.*