



Department of Fire Services Commonwealth of Massachusetts

Application for Portable Firing Trailer Inspection (FP-074A)

Note: One (1) form per trailer.

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: _____	