



# Department of Fire Services Commonwealth of Massachusetts

## Application for Electrical Firing Unit Inspection (FP-074B)

*Note: One (1) form per electrical firing unit.*

### 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: _____	