



Department of Fire Services

Commonwealth of Massachusetts

Application for Certificate of Registration for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems (FP-085)

CHECK ONE:

NEW

RENEWAL

CR # _____

I. APPLICATION INSTRUCTIONS

- Type or print all items on this form, sign the form where indicated.
- As part of this application, you must provide the name, address, and Certificate of Competency number for each person in your employ. In accordance with 527 CMR 1.00 Section 1.13.2(2)(d), you must report these names annually to the Division of Fire Safety.
- Make check or money order payable to the Commonwealth of Massachusetts (\$60.00 fee for each restriction). Total enclosed \$_____. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.
- A separate application for registration shall be completed for each separate business location.
- Forward with this application, **one copy of your service tag, and one copy of your orange non-compliance tag** (please remove wires before mailing).

In accordance with 527 CMR 1.00 Section 1.13.5.4.6.1, only non-compliance service tags shall be bright orange.

II. APPLICANT INFORMATION

* * * * * CIRCLE THE APPROPRIATE RESTRICTION * * * * *

Type 40 -- Self Serve (Motor Fuel)

Type 43 -- Special Hazard Systems (Engineered Systems)

Type 42 -- Portable Fire Extinguishers

Type 44 -- Special Hazard Systems (Pre-Engineered Systems)

Please Note: Pre-Engineered Systems (Type 44) now includes Self-Serve (Motor Fuel) Systems (Type 40). However, for a "company" to service Self-Serve (Motor Fuel) systems (Type 40), there must be licensed "individuals" (Type 41) in the company's employ.

Name of Firm: _____ Operating as of: _____
Month Day Year

Address of Firm: _____
Street Address of the CR Shop City/Town State Zip

Mailing Address (if different): _____
Street and / or P.O. Box City/Town State Zip

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

Federal Employer Identification Number (FEIN): _____

Business Phone Number: _____

Provide your Federal Department of Transportation (D.O.T.) RIN if applicable: _____

III. LIST OF EMPLOYEES

NAME	ADDRESS	CC #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Mail completed application to: Department of Fire Services • Attn: Licensing Desk

Department of Fire Services • P.O. Box 1025, 1 State Road, Stow, MA 01775
 978-567-3375 • www.mass.gov/dfs

FP-085 Rev. 4/18
 Revenue Code 3092

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

I hereby certify that I have read and am familiar with 527 CMR 1.00 Section 1.13.5 "Servicing portable fire extinguishers and/or fixed fire extinguishing systems," promulgated in accordance with Massachusetts General Law, Chapter 148, Section 58, as amended. I do further certify that I have read this application and affirm that every statement contained in this application is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said certificate of registration, that same may, at any time, be summarily revoked, or suspended by the State Fire Marshal for any infraction of, or failure to comply with all rules and regulations of the Board of Fire Prevention Regulations pertaining to 527 CMR 1.00 Section 1.13.5.

I hereby authorize the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room or establishment used in servicing, charging, or testing of portable and fixed fire extinguishers to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

Applicant intends doing business as: Individual Corporation Partnership

A. Sole Ownership:

Print Name: _____ Signature: _____

B. Corporation: (Name of corporate officer authorized to execute this document)

Print Name: _____ Signature: _____

C. Partnership: (Name of partner authorized to execute this document)

Print Name: _____ Signature: _____

All incomplete applications submitted to the Division of Fire Safety 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.

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.

Applicant Name: _____

Applicant Signature: _____ Date: _____