



Department of Fire Services
Commonwealth of Massachusetts

Application for New Certificate of Competency for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems (FP-086)

Exam Location: Stow or Springfield (circle one) **Exam Date:** ____ / ____ / ____ @ 10:00 a.m.

All applications must be submitted to the Office of the State Fire Marshal in accordance with the posted exam schedule. 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.

Follow these instructions to complete the application for a new or renewed Certificate of Competency:

- Type or print in black ink on this application, and sign the form where indicated.
- Indicate above the location and date of the license exam for which you are registering.
- Include with this application one (1) passport style color photograph measuring 2" by 2"; MA residents do not have to send photographs if they permit DFS use of their RMV photograph (see certification page).
- Mark an X next to the restriction for which this application is being made:

R 41 ____ Self Serve (Motor Fuel) Facilities

R 47 ____ Engineered Fixed Systems

R 46 ____ Portable Fire Extinguishers

R 48 ____ Pre-Engineered Fixed Systems

If you are applying for R47 or R48 you must attach a resume listing your technical qualifications and experience in charging, recharging, repairing and testing pre-engineered/engineered systems. Copies of all current training certificates shall also be provided.

An applicant requesting to take the Self-serve (Motor Fuel) Facilities (R 41) exam must first pass the exam and possess the Pre-Engineered Fixed Systems (R 48) on his Certificate of Competency.

Make check or money order payable to the Commonwealth of Massachusetts at \$10.00 for each restriction. Total amount enclosed _____. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.

Name of Applicant: _____ Date of Birth: _____
Last First Middle Month/Day/Year

Street Address: _____
Residential street address required City/Town State Zip

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

Email Address: _____

(All renewal notices will be sent electronically, not by regular mail, effective immediately.)

Social Security Number: _____ Phone Number: _____ - _____

Are you a U.S. Citizen: { } YES { } NO (If you answered NO, then you must attach copies of your federal documents showing your INS-issued alien number or admission number and social security card.)

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Gender: _____

The holder of any approval, license certificate, license or permit issued by the Marshal under 527 CMR 1.00, shall provide the Marshal with an accurate address and mailing at the time of application and shall report any changes of such address to the Marshal within fourteen (14) days of the date of such change. 527 CMR 1.00 Section 1.13.1.2(4).

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-086 Rev. 12/23
Revenue Code 3093

Present Employer: _____ Employer's CR #: _____

Employer's Address: _____
Street Address City/Town State Zip

Position Held: _____ How Long Employed at This Position: _____

Are you currently certified for any other licenses or certificates? If so, list what type and the license or certificate number:

Type	Issued by which State/Agency	License/Certificate Number
------	------------------------------	----------------------------

Have you ever been convicted in any court of a crime punishable by imprisonment for a term exceeding one year? { }YES { }NO
Have you ever been convicted of any felony in any State or Federal Jurisdiction? { }YES { }NO
Have you ever had a license or permit suspended or revoked in any state or federal jurisdiction? { }YES { }NO
Have you as an individual, partner, or as an officer of any business or corporation, ever appeared before any regulatory authority, to answer for any alleged violation or other disciplinary action, regarding any license certificate or permit? { }YES { }NO

Any question answered "Yes" must be explained on an attached sheet of paper

APPLICANT CERTIFICATION

I attest that I have read and am familiar with 527 CMR 1.00 Section 1.13.5. I hereby consent to the release of all personal records containing data relative to this application, maintained by any individual or agency.

I do hereby assert and agree, as a condition precedent to the receiving of said certificate(s) of competency, 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 1.13.6.1.

PURSUANT TO MASSACHUSETTS GENERAL LAWS, CHAPTER 62C, §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.

My signature below authorizes the Department of Fire Services to electronically access my photograph from the MA Registry of Motor Vehicles. This option is available to MA residents only.

I declare under the penalty of perjury that to the best of my knowledge and belief, the statements made and information given 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: _____

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

ALL Applicants Must Complete This Page

Name: _____ Date _____

In order to help the Department of Fire Services explore the feasibility and necessity of providing the Application for Certificate of Competency for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems in languages other than English all applicants must complete the following:

“If you have difficulties completing this application form due to your inability to read the English language, please indicate which language you can read and return this information with the application. Thank you.”

- Portuguese
- Spanish
- Vietnamese
- Mandarin
- Other
- Able to read and understand the English Language

“Se tiver dificuldade para preencher este requerimento porque não entende o Inglês, indique o idioma no qual sabe ler e devolva esta informação junto com o requerimento. Obrigado.”

- Português
- Espanhol
- Vietnamita
- Mandarin
- Outro

“Si tiene dificultades para completar este formulario de solicitud debido a que no puede leer el idioma inglés, favor de indicar en qué idioma puede leer y enviar de regreso esta información con la solicitud. Gracias.”

- Portugués
- Español
- Vietnamita
- Mandarin
- Otro

“Nếu quý vị gặp khó khăn khi hoàn tất mẫu đơn này do quý vị không đọc được tiếng Anh, vui lòng cho biết quý vị có thể đọc ngôn ngữ nào và gửi lại thông tin này cùng mẫu đơn này. Xin cảm ơn”

- Tiếng Bồ Đào Nha
- Tiếng Tây Ban Nha
- Tiếng Việt
- Tiếng Trung Phổ thông
- Khác

“如因不懂英文而無法填寫此申請表，請註明您能看懂的語言，並將此項資訊隨申請表一併交回。感謝您”

- 葡萄牙文
- 西班牙文
- 越南文
- 中文
- 其他

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-086 Rev. 12/23
Revenue Code 3093