



Department of Fire Services Commonwealth of Massachusetts

Application for Renewal of Certificate of Competency for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems (FP-087)

Renewal of Certificate of Competency for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems # _____

Follow these instructions to complete the application for renewal of a Certificate of Competency:

- ☐ Type or print in black ink on this application, and sign the form where indicated.
- ☐ 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

- ☐ Make check or money order payable to the Commonwealth of Massachusetts at \$50.00 for each restriction. Total amount enclosed _____. There is a returned check charge of \$15.00 assessed under the provisions of 801 CMR 4.08.

All applications must be submitted to the Office of the State Fire Marshal at least 30 days prior to expiration. 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.

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: _____ Phone: _____
(All renewal notices will be sent electronically)

Driver's License: State: _____ Number: _____ Social Security # _____

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).

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 what state	License/certificate number
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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-087 Rev. 2/25
Revenue Code 3093

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 1.13.5.

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 authorized the Department of Fire Services to electronically access by 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: _____