



Department of Fire Services Commonwealth of Massachusetts

AST Approved Standard Declaration Form (FP-101A)

for an aboveground storage tank, in excess of 10,000-gallon gross capacity, for the storage of fluids other than water.

Tank Information: Office of the State Fire Marshal number: **OSFM #** _____ ☐ None

Business Name: _____

Address (or location) of tank: _____ City/town: _____

Tank gross capacity (aggregate if compartmented) _____ ☐ Gallons ☐ Barrels ☐ Cubic Feet

Operator's Tank Identification (i.e. Tank #4): _____

Tank description: _____

Tank construction standard: ☐ API 650/12C ☐ UL 142 ☐ UL 2080 ☐ ASME
☐ UL 2085 ☐ None ☐ Other: _____

Compartmented tank? ☐ No ☐ Yes Secondary Containment Type: ☐ Dike ☐ Doublewall ☐ Vault ☐ None

Fluid stored in tank: _____

Approved Standard Declaration: In accordance with 502 CMR 5.04, the owner of the tank shall declare the Approved Standard for the on-going inspection and maintenance of the tank. With this declaration, the tank must be maintained in accordance with the maintenance, testing, and inspection requirements in the Approved Standard for the life of the tank. The Approved Standard shall not be changed unless approved, in writing, by the Office of the State Fire Marshal.

The tank maintenance, testing, and inspection shall be in accordance with the following Approved Standard:

- ☐ American Petroleum Institute (API) 653 – Tank Inspection, Repair, Alteration, and Reconstruction
- ☐ American Petroleum Institute (API) 510 – Pressure Vessel Inspection Code
- ☐ Steel Tank Institute (STI) SP 001 – Standard for the Inspection of Aboveground Storage Tanks
- ☐ National Board Inspection Code (NBIC) – National Board of Boiler and Pressure Vessel Inspectors
- ☐ Fiberglass Tank & Pipe Institute – In-Service Inspections of Aboveground Atmospheric FRP Tanks and Vessels
- ☐ Other (must be approved by the Office of the State Fire Marshal prior to use). Attach request with supporting documentation – must be from a Massachusetts Professional Engineer

Qualified Tank Inspector Information:

Printed Name: _____

Work Phone number: _____ Cell Phone number: _____

E-Mail Address: _____

☐ API 653 ☐ ASME Pressure Vessel Inspector ☐ STI SP001 Inspector ☐ Fiberglass Inspector

☐ Mass Professional Engineer ☐ Other: _____

License Number #: _____ Exp. _____

By signing below, I certify that this tank falls within the scope of the Approved Standard declared above.

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

Qualified Tank Inspector's signature: _____ Date: _____

Submittal Requirements - Please remember to send this completed form to Department of Fire Services, PO Box 51025, Attention: - AST Program, Indian Orchard, MA 01151.