

The Commonwealth of Massachusetts Department of Fire Services Office of the State Fire Marshal



Post Office Box 1025, Stow, Massachusetts 01775 (978) 567-3300 Fax: (978) 567-3199

Date		

APPLICATION FOR TANK DISMANTLING YARD

To the State Fire Marshal:

Application is submitted for approval of Tank Dismantling Yard in accordance with provisions of 527 CMR 1.00: 66.21.7.6.

This application must be accompanied by any and all valid licenses and/or permits from all local city or town boards, agencies, departments for the conduct in that community of an underground steel storage tank dismantling yard; and three (3) copies of a suitable plot plan of the tank yard land (one inch = twenty feet scale) which is filed and made a part of the application.

Name of Firm:					
Address:					
City and State:					
County and Zip Code:					
Mailing Address of Firm:					
Street:					
City and State:					
County and Zip Code:					
Phone:					
Applicant intends doing but	siness as (Check one):				
□ Individual	☐ Corporation	□ Partnership			

*TANK TESTING COMPETENT PERSONS

	Name	Address	Date of Birth			
	*A person responsible to perform substances testing that is require testing competent person shall be	d to designate a tank safe for wo	er Explosive Limits (LEL), and toxic orkers and safe for hot work. The			
I he	precedent to the receiving of s	ode, "Tank Dismantling Yards," aw, Chapter 148, section 38A plication and affirm that every y set forth, and I do hereby as aid approval as a tank yard, to ded by the State Fire Marsha	" promulgated in accordance A, as amended. I do further			
I he	I hereby authorize the State Fire Marshal and/or the head of the local fire department and any of their properly authorized designee to enter, examine, and inspect any premise, building, yard or establishment used in the dismantling procedures of underground steel storage tanks to determine compliance with the provisions of applicable state law and the regulations adopted by the State Fire Marshal.					
INSTRUCTION FOR SIGNING PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.						
a) Sole Ownership Name:	Please	e Print				
		Signa	ature			
b) Corporation President's Name:		Please	e Print			
		Signa	ature			
	Vice President's Name:	Please	e Print			
		Signa	ature			
	Secretary's Name:	Please	e Print			

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c)	**Partnership	Name:			
,	·		Please Print		
			Signature		
		Name:			
			Please Print		
			Signature		
		Name:	Please Print		
	**Each partner, ir	ncluding limited	Signature partners, must sign.		
Me		•	nks and containers (describe in detail the safe method to be torage tanks).		
Pu		erjury that to	General Law, Chapter 62C, section 49A, I certify under the the best of my knowledge and belief, I have filed all state tax axes required.		
	Social Security Number or Federal Identification Number:				
			Authorized Signature of Individual of Sole Ownership, Corporation or Partnership		
Fo	r Fire Department	t Use Only			
Ιe	ndorse this app	lication (Chec	ck one):		
	In accordance	with 66.21.7	7.7.2		
		n accordance with 66.21.7.7.2 with the conditions stipulations, restrictions which are ched and made a part of this application and endorsement.			
			Signature of the Head of the Fire Department		
			- 		

FDID#

Signature