



BPV-019

Commonwealth of Massachusetts Department of Fire Services Application for Appeal from Decision of Examiner

Please send application to:
Department of Fire Services, Boiler & Pressure Vessel Program, 1 State Rd, Stow, MA 01775-1025

APPLICATION FOR APPEAL FROM DECISION OF EXAMINER

(APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY, &
MUST BE SUBMITTED WITHIN ONE WEEK OF DATE OF UNFAVORABLE DECISION))

I. BACKGROUND INFORMATION

NAME OF APPELLANT _____
FIRST MIDDLE INITIAL LAST

ADDRESS OF APPELLANT _____
STREET CITY STATE ZIP

DAYTIME TELEPHONE # (_____) _____ EMAIL ADDRESS _____

TYPE OF LICENSE _____ LICENSE # (IF APPLICABLE) _____

DATE OF EXAMINATION/SUSPENSION/REVOICATION _____

NAME OF INSPECTOR WHO ADMINISTERED EXAM/SUSPENDED/REVOKED LICENSE _____

II. THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION (CHECK BOX INDICATING COMPLIANCE):

- \$20 APPLICATION FEE (CHECKS MAY BE MADE PAYABLE TO "COMMONWEALTH OF MASSACHUSETTS").
- A COPY OF THE WRITTEN DECISION BEING APPEALED.

III. BASIS FOR APPEAL

YOU MUST IDENTIFY THE SPECIFIC REASON FOR YOUR APPEAL. PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY.

IV. ATTESTATION

I HEREBY ATTEST, UNDER THE PAINS AND PENALTIES OF PERJURY, THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPELLANT

DATE

V. FILING

PLEASE SEND COMPLETED APPLICATION TO:

DEPARTMENT OF FIRE SERVICES, ATTN: HOLLY BARTLETT
PO Box 1025
STOW, MA 01775