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/REVOCATION _____

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