

The Commonwealth of Massachusetts

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City | Town of _____



(Rev. 1.2018)

Application for Approval of Tank Truck

In accordance with the provisions of 527 CMR 1.00 Chapter 42, Board of Fire Prevention Regulations, application is hereby made for approval of the transport vehicle described herein. Name of Owner:	City or Town:	Date:
Address:	In accordance with the provisions of 52	27 CMR 1.00 Chapter 42, Board of Fire Prevention Regulations, application is hereb
Make:	Name of Owner:	
Make:	Address:	
VIN #:		
Signature of Applicant: Permit #: Approved Disapproved Date: Permit #: (Signature Head of the Fire Department or Designee) FIRE DEPARTMENT FILE COPY		
Approved Disapproved Date: Permit #:	Registration:	VIN #:
(Signature Head of the Fire Department or Designee) FIRE DEPARTMENT FILE COPY The Commonwealth of Massachusetts City/Town of FP-044 Rev. 1.2018) PERMIT City or Town: Date: In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: VIN #: VIN ** VIN ** VIN **	Tank Capacity:	Signature of Applicant:
(Signature Head of the Fire Department or Designee) FIRE DEPARTMENT FILE COPY The Commonwealth of Massachusetts City/Town of FP-044 Rev. 1.2018) PERMIT City or Town: Date: In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: VIN #: VIN ** VIN ** VIN **	☐ Approved ☐ Disapproved Date:	Permit #:
FIRE DEPARTMENT FILE COPY The Commonwealth of Massachusetts City Town of FP-044 Rev. 1.2018) PERMIT City or Town: Date: In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year:		
The Commonwealth of Massachusetts City/ Town of PERMIT City or Town: Date: In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: Registration: VIN #:	(Signature Head of the Fire Department or De	esignee) (Print Name Head of the Fire Department or Designee)
The Commonwealth of Massachusetts City/ Town of PERMIT City or Town: Date: n accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: Registration: VIN #:		FIRE DEPARTMENT FILE COPY
The Commonwealth of Massachusetts City/ Town of PERMIT City or Town: Date: In accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: VIN #:		
PERMIT City or Town: Date: n accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Name: (Full Name of Person, Firm or Corporation) Address: Make: Year: Registration: VIN #:		
n accordance with the provisions of 527 CMR 1.00 Chapter 42, this permit is granted to: Value of Person, Firm or Corporation	The Contract of the Contract o	Commonwealth of Massachusetts
Name: (Full Name of Person, Firm or Corporation) Address: /ehicle Type: Year: Registration: VIN #:	The City	Commonwealth of Massachusetts ty/Town of
(Full Name of Person, Firm or Corporation) Address:	FP-044 Rev. 1.2018)	Commonwealth of Massachusetts ty/Town of PERMIT
(Full Name of Person, Firm or Corporation) Address:	FP-044 Rev. 1.2018) City or Town:	Commonwealth of Massachusetts ty/Town of PERMIT Date:
/ehicle Type:	FP-044 Rev. 1.2018) City or Town: In accordance with the provisions of 527	Commonwealth of Massachusetts try/Town of PERMIT Date: 7 CMR 1.00 Chapter 42, this permit is granted to:
Registration: VIN #:	FP-044 Rev. 1.2018) City or Town: n accordance with the provisions of 527 Name:	Commonwealth of Massachusetts ty/Town of PERMIT Date: 7 CMR 1.00 Chapter 42, this permit is granted to: (Full Name of Person, Firm or Corporation)
	FP-044 Rev. 1.2018) City or Town:	Commonwealth of Massachusetts ty/Town of PERMIT Date: 7 CMR 1.00 Chapter 42, this permit is granted to: (Full Name of Person, Firm or Corporation)
ank Capacity: Permit/Decal #:	FP-044 Rev. 1.2018) City or Town:	Commonwealth of Massachusetts ty/Town of PERMIT Date: 7 CMR 1.00 Chapter 42, this permit is granted to: (Full Name of Person, Firm or Corporation)
	FP-044 Rev. 1.2018) City or Town:	Commonwealth of Massachusetts ty/Town of PERMIT Date: 7 CMR 1.00 Chapter 42, this permit is granted to: (Full Name of Person, Firm or Corporation) Make: Year:



