



The Commonwealth of Massachusetts  
 Executive Office of Public Safety and Security  
 Department of Fire Services



P.O. Box 1025 ~ State Road, Stow, Massachusetts 01775  
 (978) 567~3700 Fax: (978) 567~3199

FP-085  
 REVENUE CODE: 3092

**Application for Certificate of Registration for Servicing Portable Fire Extinguishers and/or Fixed Fire Extinguishing Systems**

**CHECK ONE:**     **NEW**                       **RENEWAL**                      **CR #** \_\_\_\_\_

**I. APPLICATION INSTRUCTIONS**

- Type or print all items on this form, sign the form where indicated.
- As part of this application, you must provide the name, address, and Certificate of Competency number for each person in your employ. In accordance with 527 CMR 1.00 Section 1.13.6.3.4.1 (2), you must report these names annually to the Division of Fire Safety.
- Make check or money order payable to the Commonwealth of Massachusetts (\$60.00 fee for each restriction). Total enclosed \$\_\_\_\_\_. There is a returned check charge of \$15.00 assessed under the provisions of 801CMR 4.08.
- A separate application for registration shall be made for each separate business location.
- Forward with this application, one copy each of your service tag (please remove wires before mailing).  
**In accordance with 527 CMR 1.00 Section 1.13.6.2.4.1, only non-compliant service tags shall be bright orange.**

**II. APPLICANT INFORMATION**

\* \* \* \* \* CIRCLE THE APPROPRIATE RESTRICTION \* \* \* \* \*

Type 40 -- Self Serve (Motor Fuel)    Type 43 -- Special Hazard Systems (Engineered Systems)  
 Type 42 -- Portable Fire Extinguishers    Type 44 -- Special Hazard Systems (Pre-Engineered Systems)

\*Please Note: Pre-Engineered Systems (Type 44) now includes Self-Serve (Motor Fuel) Systems (Type 40). However, for a "company" to service Self-Serve (Motor Fuel) systems (Type 40), there must be licensed "individuals" (Type 41) in the company's employ.

Name of Firm: \_\_\_\_\_ Operating as of: \_\_\_\_\_  
Month    Day    Year

Address of Firm: \_\_\_\_\_  
Street Address of the CR Shop    City/Town    State    Zip

Mailing Address (if different): \_\_\_\_\_  
Street and / or P.O. Box    City/Town    State    Zip

Email Address of Contact Person: \_\_\_\_\_  
 (All renewal notices will be sent electronically, not by regular mail, effective immediately.)

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Provide your federal Department of Transportation (D.O.T.) RIN if applicable: \_\_\_\_\_

### III. LIST OF EMPLOYEES

NAME	ADDRESS	CC #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12.. _____	_____	_____

\*If additional space is needed, list all other employees on a separate sheet of paper and attach it to this application.

### IV. APPLICANT CERTIFICATION

I hereby certify that I have read and am familiar with 527 CMR 1.00 Section 1.13.6.1 "Issuance of Certificates for the servicing of portable fire extinguishers and the installing and servicing of fixed fire extinguishing systems," promulgated in accordance with Massachusetts General Law, Chapter 148, Section 58, as amended. I do further certify that I have read this application and affirm that every statement contained in this application is true and correctly set forth, and I do hereby assert and agree, as a condition precedent to the receiving of said certificate of registration, that same may, at any time, be summarily revoked, or suspended by the State Fire Marshal for any infraction of, or failure to comply with all rules and regulations of the Board of Fire Prevention Regulations pertaining to 527 CMR 1.00 Section 1.13.6.1..

I hereby authorize the State Fire Marshal and any of his properly authorized employees to enter, examine, and inspect any premises, building, room or establishment used in servicing, charging, or testing of portable and fixed fire extinguishers to determine compliance with the provisions of state law and the regulations and standards adopted by the State Fire Marshal.

Applicant Intends Doing Business As:    { } Individual            { } Corporation            { } Partnership

#### A. Sole Ownership:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### B. Corporation:

Print President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Vice President's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Secretary's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**C. Partnership\***

Print Name:

Signature:

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\*Each partner, including limited partners, must sign. If additional space is need, write all other names on a separate sheet of paper and attach it to this application.

All incomplete applications submitted to the Division of Fire Safety will be returned. Any delay in the Issuance of a license or permit, due to an incomplete filing, will be the sole responsibility of the applicant.

**I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. I am aware that there are significant penalties for submitting false information, including possible fines, civil penalties and imprisonment.**

Applicant: \_\_\_\_\_

Applicant Name Printed: \_\_\_\_\_