

(Rev. 1.2018)

The Commonwealth of Massachusetts DEPARTMENT OF FIRE SERVICES



Application for Permit to Process Hazardous Materials

Company Information: Company Name: _____ Street Address: ___ **Responsible Party:** Official Title: _____ Telephone number: ____ _____ Email: _____ In accordance with 527 CMR 1.00 Section 1.12.8.34.2, the above named facility is conducting the following hazardous material process(es) at the category identified below (Select all categories applicable to the facility): CATEGORY 2 – Capacity of largest size vessel used in hazardous material process is greater than 2.5 gallons, but does not exceed 60 gallons CATEGORY 3 – H Occupancy Classified facility, per 780 CMR Mass Building Code, or capacity of largest size vessel used in hazardous material process is greater than 60 gallons, but does not exceed 300 gallons ☐ CATEGORY 4 – Capacity of largest size vessel used in hazardous material process exceeds 300 gallons, but is not covered by Category 5. CATEGORY 5 – Amount of hazardous material in a process exceeds threshold quantity of 29 CFR 1910.119 or I attest that as the responsible official for the company named above that the facility is in compliance with the applicable requirements of 527 CMR 1.00 Section 60.8 and other applicable provisions of 527 CMR and MGL 148. Further, I herby certify that I am authorized to execute this application. I declare under the penalty of perjury that the statements and information provided herein are true as of the date of this application. Signature of Responsible Party: _____ Telephone number: _____ The Commonwealth of Massachusetts _____ Fire Department FP-300 PERMIT _____ Date: _____ Permit Number (if applicable): _____ In accordance with the provisions of M.G.L. Chapter 148, as provided in 527 CMR 1.00 Section 1.12.8.34.2 this permit is granted (Full Name of Person, Firm or Corporation) at _______(Street and # or Describe Location for Adequate Identification) for the processing of hazardous materials. ☐ CATEGORY 2 ☐ CATEGORY 3 ☐ CATEGORY 4 ☐ CATEGORY 5 Fee Paid \$ _____ This Permit will expire on _____ Signature of Official Granting Permit: ______Title _____



This permit must be conspicuously posted upon the premises

