



The Commonwealth of Massachusetts

City / Town of _____



Application for Approval of Tank Truck

FP-044
(Rev. 08/12)

➔ Return completed application to: _____ ➔

City or Town: _____ Date: _____

In accordance with the provisions of 527 CMR 8.00: Board of Fire Prevention Regulations, application is hereby made for approval of the transport vehicle described herein.

Name of Owner: _____

Address: _____
(Address of Permitted Land Where Vehicle is Parked Overnight: Street or P.O. Box, City or Town, Zip Code)

Vehicle Type: _____ Make: _____ Year: _____

Registration: _____ VIN #: _____

Tank Capacity: _____ Signature of Applicant: _____

☐ Approved ☐ Disapproved Date: _____ Permit #: _____

(Signature Head of the Fire Department or Designee)

(Print Name Head of the Fire Department or Designee)

FIRE DEPARTMENT FILE COPY



The Commonwealth of Massachusetts

City / Town of _____



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PERMIT

City or Town: _____ Date: _____

Permit Number (if applicable): _____

In accordance with the provisions of 527 CMR 8.00, this permit is granted to:

Name: _____
(Full Name of Person, Firm or Corporation)

Address: _____

Vehicle Type: _____ Make: _____ Year: _____

Registration: _____ VIN #: _____

Tank Capacity: _____ Permit #: _____

This permit will expire on _____

Signature of Official Granting Permit: _____ Title _____



This original permit must remain with the transport vehicle

