



The Commonwealth of Massachusetts

DEPARTMENT OF FIRE SERVICES

Application for Permit to Process Hazardous Materials



FP-300 (Rev. 6/23)

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 40 CFR 68

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 hereby 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: _____

Title: _____ Telephone number: _____

PLEASE NOTE THAT ONLY APPLICATIONS WITH ORIGINAL WET SIGNATURES WILL BE ACCEPTED. PHOTOCOPIES OF APPLICATIONS WILL NOT BE PROCESSED.



The Commonwealth of Massachusetts

Fire Department

FP-300

PERMIT

City or Town: _____ 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

to _____ (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