



*Commonwealth of Massachusetts*  
*Department of Fire Services – Board of Fire Prevention*

# APPLICATION and PERMIT

Fee: \_\_\_\_\_

for storage tank removal and transportation to approved tank disposal yard in accordance with the provisions of M.G.L. Chapter 148, Section 38A, 527 CMR 9.00, application is hereby made by:

<b>Tank Owner</b>	
Tank Owner Name (please print) _____	X _____ <small>Signature (if applying for permit)</small>
Address _____ <small style="display: flex; justify-content: space-between; width: 100%;">Street City State Zip</small>	

<b>Removal Contractor</b>	<b>Contamination Assessment</b>
Company Name _____ <small style="text-align: center;">Print</small>	Co. or Individual _____ <small style="text-align: center;">Print</small>
Address _____ <small style="text-align: center;">Print</small>	Address _____ <small style="text-align: center;">Print</small>
Signature (if applying for permit) _____	Signature (if applying for permit) _____
<input type="checkbox"/> IFCI Certified      Other _____	<input type="checkbox"/> IFCI Certified <input type="checkbox"/> LSP # _____    Other _____

<b>Tank Information</b>
Tank Location _____ <small style="text-align: center;">Street Address City</small>
Tank Capacity (gallons) _____ Substance Last Stored _____
Tank Dimensions (diameter x length) _____
Remarks: _____ _____

<b>Disposal Information</b>
Firm transporting waste _____ State Lic. # _____
Hazardous waste manifest# _____ E.P.A. # _____
Approved tank disposal yard _____ Tank yard # _____
Type of inert gas _____ Tank yard address _____

<b>Approvals</b>
City or Town _____ FDID# _____ Permit# _____
Date of issue _____ Date of expiration _____
Dig safe approval number: _____
Dig Safe Toll Free Tel. Number - 800-322-4844
Signature / Title of Officer granting permit _____

After removal(s) send Form FP-290R signed by Local Fire Dept. to UST Regulatory Compliance Unit, One Ashburton Place, Room 1310, Boston, MA 02108-1618.