



The Commonwealth of Massachusetts

City/Town of Avon



FP-044
(Rev. 08/12)

Application for Approval of Tank Truck

➔ Return completed application to: Avon Fire Department ◀

City or Town: Avon 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 Avon



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PERMIT

City or Town: Avon 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 8/31/2016

Signature of Official Granting Permit: _____ Title _____



This original permit must remain with the transport vehicle



TRANSFER TANK INSPECTION

(less than 119 gallons capacity in pickup/utility trucks, etc.)

REGISTRATION # _____ VIN # _____

	Yes	No
Tank is minimum 14 gauge steel or 1/8 inch aluminum	_____	_____
Tank is securely mounted to bed or body of vehicle	_____	_____
Suitable pump with durable hose and self-closing nozzle	_____	_____
Fire extinguisher minimum 1A, 10B, C rating	_____	_____
Vehicle contains a hoist to raise bed or body (Prohibited)	_____	_____

PLACARDS ARE NOT REQUIRED

Inspected by: _____

Fire Department: _____

Permit # _____ Date: _____