



*The Commonwealth of Massachusetts*  
*Department of Fire Services*  
*Office of the State Fire Marshal*  
Post Office Box 1025, Stow, Massachusetts 01775  
(978) 567-3300 Fax: (978) 567-3199



### Certificate of Installation

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

Tank No.: \_\_\_\_\_

I certify that the tank referenced above has been installed in accordance with plans approved by the Office of the State Fire Marshal. This further certifies that the installation is in accordance with 502 CMR 5.00.

Name of Installer: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town, State: \_\_\_\_\_

Installers Signature (or Representative): \_\_\_\_\_

I certify that the tank identification number has been painted (in a contrasting color) with a minimum of 12 inch high numbers or letters at a location five feet above the tank inlet.

A Permit for Use will not be issued until this form is received by the Office of the State Fire Marshal.