



The Commonwealth of Massachusetts



DEPARTMENT OF FIRE SERVICES

AST Use Permit Renewal Form

for an aboveground storage tank, in excess of 10,000-gallon gross capacity,
for the storage of fluids other than water.

Pursuant to Massachusetts General Law (MGL) c. 148, s. 37, all aboveground storage tanks (AST), subject to the requirements of 502 CMR 5.00, shall be inspected at a frequency established by the State Fire Marshal.
All information must be typed or neatly printed, and all fields completed or this form will be returned.

Business/Site Information:

Please correct the information we have in our files.

Business (mailing) address:

Name & title of responsible party:

Physical address of tank:

Phone:

Cell:

Fax:

E-mail:

Official e-mails will be sent to this address

Corporate Information:

Same information as in Business/Site above.

Business name:

Business (mailing) address:

Contact Name & Title::

Phone:

Cell:

Fax:

E-mail:

Tank Information: Please correct the information we have in our files

AST Use Permit:

Make check payable to: Commonwealth of Massachusetts (No Cash or Credit)

Tank Is: In Service Out of Service

Renewal Fee:

Decommissioned If tank is cleaned of product, submit form FP-112

Permit Expires:

Operator's Tank ID Number:

Operator's Tank Description:

Gross Capacity:

(aggregate if compartmented)

Gallons Barrels Cubic Feet

Compartmented Tank?

Yes No

Secondary Containment Type:

Dike Vault Doublewall

None Other:

Tank maintained and tested according to:

API 653 NBIC API 510 STI SP-001

FTPI Other:

Content Information: If the following information is incorrect, update in the space below using the approved list for content category and description. If the tank is compartmented, submit form FP-104 with the content information as an addendum.

Cmpt #:	Compartment Capacity:	Content Category:	Content Description:	Class:

Content Category: _____ Content Description: _____

527 CMR 1.00 Class: I II IIIA Non-Combustible Liquid Flammable Gas Non-Flammable Gas

Fee paid: _____ Date received: _____ Date entered: _____ Entered by: _____

Date of Inspection: _____

AST Use Permit #: _____

Inspector Information:

Inspector name: _____ Business name: _____

Address: _____

Phone: _____ Fax: _____

Cell: _____ E-mail: _____

Check one:

- API 653 Inspector Number: _____ Exp: _____
- ASME Pressure Vessel Inspector Number: _____ Exp: _____
- Mass. P.E. Number: _____ Exp: _____
- SP001 AST Certified Tank Inspector Number: _____ Exp: _____
- FTPI 2007-1 Inspector Number: _____ Exp: _____
- Other - Must be previously approved, in writing, by the Office of the State Fire Marshal AST Program.

Inspectors are only allowed to inspect ASTs within their license's scope of practice. A Massachusetts Professional Engineer may certify any Approved Standard that they are competent in.

- Yes No Not Required Is there a valid registration for this product?
- Yes No Not Required Is there a valid fire department permit for this product? Expiration date: _____
- Yes No Has this tank been inspected in the nature and frequency as prescribed in 502 CMR 5.05(1)?
- Yes No Does this tank have an accurate written record as prescribed in 502 CMR 5.05(2)?
- Yes No Has the person principally in charge of the tank signed each inspection record, per 502 CMR 5.05(2)?
- Yes No Have any Maintenance Permits (502 CMR 5.04(3)) been issued since the last Renewal Form was submitted?
If yes, enter the date the permit was issued by the Office of the State Fire Marshal: _____

Fire Department Presence:

Fire Department Name: _____ Present for the inspection? Yes No

Fire department comments *must be* on a separate page. Comments attached? Y N Number of Pages: _____

Sign only one of the following:

A: By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory condition with the AST and/or its related ancillary equipment, or secondary containment/dike, that is unsafe to life, property and/or the environment. The use of the AST must be discontinued immediately.**

Inspector's signature: _____ Date: _____

B: By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory condition. I have attached to this form a letter from the person principally in charge of the tank acknowledging the unsatisfactory condition(s) and giving a timeline when each issue will be remedied. To the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are: in working condition; do not pose a significant safety risk to life, property, and/or the environment; and, except as identified, are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

C: By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. During my inspection, **I found at least one unsatisfactory issue that needed to be remedied (list attached). I have confirmed that each unsatisfactory issue has been remedied, and now, to the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are all in good working condition and are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

D: By signing below, I certify that I inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. **To the best of my knowledge, the tank, its installation, its related ancillary equipment and secondary containment or dikes, are all in good working condition and are compliant with the applicable regulations and standards.**

Inspector's signature: _____ Date: _____

E: By signing below, I certify that I have inspected this AST (its installation, its related ancillary equipment, and secondary containment) in accordance with 502 CMR 5.00. The tank is: no longer in service; has been altered so that it no longer contains product; fill connections are removed or capped; is marked "OUT OF SERVICE – DO NOT FILL"; **and, to the best of my knowledge the out of service tank, its installation, its related ancillary equipment and secondary containment or dikes, is in a condition such that they do not pose a safety concern to life, property or environment.**

Inspector's signature: _____ Date: _____