

The Commonwealth of Massachusetts

Executive Office of Public Safety

Department of Fire Services - Office of the State Fire Marshal

P.O. Box 1025, State Road, Stow, MA 01775



Date: \_\_\_\_\_  
C. 82 S.40 M.G.L.

# APPLICATION FOR PERMIT

DIG SAFE NUMBER
START DATE: _____

To: Head of Fire Department: AUBURN  
City / Town

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section \_\_\_\_\_ application is hereby made by:

Name: \_\_\_\_\_  
(Full name of person, firm or corporation)

Address: \_\_\_\_\_  
(Street or P.O. Box) (City/Town) (State) (Zip Code)

For Permission to: Purchase, Store, and Private Use of Black and/or Smokeless Powder  
State clearly the purpose for which the permit is requested:  
up to five pounds of black powder  
up to fifteen pounds of smokeless powder  
\*\*as per Fire Regulation 527 CMR 13\*\*

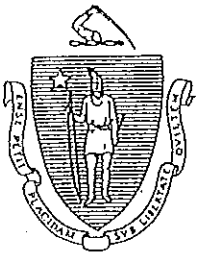
Location: \_\_\_\_\_ Certificate of Competency #: \_\_\_\_\_

Name of competent operator if applicable: \_\_\_\_\_

Date Issued { } Date Rejected { } : \_\_\_\_\_ By: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Fee Paid {X} Fee Due { } Amount: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Fire Department Number: 27017  
(If Applicable)



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C. 82 S.40 M.G.L.

# PERMIT

DIG SAFE NUMBER
START DATE: _____

In accordance with the provisions of Chapter 148, M.G.L. as provided in Section \_\_\_\_\_ this permit is granted to:

Name: \_\_\_\_\_  
(Full name of person, firm or corporation)

For Permission to: Purchase, Store, and Private Use of Black and/or Smokeless Powder  
State clearly the purpose for which the permit is granted:  
Up to Five Pounds of Black Powder  
Up To Fifteen Pounds of Smokeless Powder  
\*\*As Per Fire Regulatio 527 CMR 13\*\*

Restrictions: \_\_\_\_\_

Location: \_\_\_\_\_

Fee Paid: \$25.00 This Permit Will Expire On: \_\_\_\_\_

Signature and Title of Official Granting Permit: \_\_\_\_\_