



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 Fee Due { } Amount: _____

Applicant Signature: _____ Fire Department Number: 27017
(If Applicable)



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

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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: _____