



FP-5 (rev. 12/99)

The Commonwealth of Massachusetts
Department of Fire Services - Office of the State Fire Marshal
P. O. Box 1025, State Road, Stow, MA 01775

**CERTIFICATE OF REGISTRATION**

City or Town

Date

Directions: Complete top of the form and forward both sections and fee to local City or Town Clerk. **Do not return form to the Department of Fire Services.**

In accordance with the provisions of Massachusetts General Laws, Chapter 148, Section 13, the undersigned hereby certifies that: _____

Name of Holder of license

at _____

Address of Holder of license

is the holder of the license granted for the lawful use of the building(s) or other structure(s) situated or to be situated at _

Street and Number

as related to the **Keeping, Storage, Manufacture or Sale of Flammables or Explosives.**

Note: This certificate of registration must be signed by the holder of the license.

Signature

State whether owner, occupant or holder

Address

Date



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Department of Fire Services - Office of the State Fire Marshal
P. O. Box 1025, State Road, Stow, MA 01775

**REGISTRATION**

Town

Date

This is to certify that _____

has, in accordance with the provisions of Chapter 148, Section 13, filed with me a certificate of registration setting forth that _____

Name of Holder of license

is the holder of the license granted on _____ for the lawful use of the building(s) or other structure(s)

situated at or to be situated at _____

Street and Number

as related to the **Keeping, Storage, Manufacture or Sale of Flammables or Explosives.**

Signature and Official Title

Note: A certificate of registration must be filed on or before April 30th of each year.



This registration must be conspicuously posted upon the premises

