



FP6 (rev. 3/00)

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



APPLICATION FOR PERMIT ANNUAL 24 Hr

City or Town ANDOVER, MASSACHUSETTS

Date \_\_\_\_\_

DIG SAFE NUMBER

\_\_\_\_\_

Start Date: \_\_\_\_\_

In accordance with the provisions of M.G.L. Chapter 148, as provided in Section 10A application is hereby made

by \_\_\_\_\_  
*(Full name of person, firm or corporation)*

Address \_\_\_\_\_  
*(Street or P.O. Box) (City or Town)*

For permission to (state clearly purpose for which permit is requested) conduct Cutting & Welding operations.

Name of competent operator (If Applicable) \_\_\_\_\_ Cert. No. \_\_\_\_\_

Date Issued-rejected \_\_\_\_\_ By \_\_\_\_\_  
*(Signature of Applicant)*

Date of expiration \_\_\_\_\_ Fee \_\_\_\_\_ \$ Paid \_\_\_\_\_ Due \_\_\_\_\_