



CONCONFIDENTIAL -NOT FOR PUBLIC DISCLOSURE

**Boston Fire Department
Fire Prevention Division
1010 Massachusetts Avenue – 4th Floor
Boston, MA 02118
Tel: 617-343-3447 Fax: 617-343-2197**

<i>For BFD Internal Use Only:</i>
Payment Received Date: _____
Payment Number: _____
Customer ID: _____
Permit Number: _____
Approved by: _____

**Application for Permit to Transport
Certain Hazardous Materials**

Please complete this application fully. Please note: for security reasons, your responses to the following application information requests will be maintained by the City of Boston as confidential. Please mark any additional pages submitted in support of this application with the following legend: “Confidential Not for Public Disclosure”.

1. Please fully identify the permit holder/applicant, including:
 - a. Name of person, carrier, shipper or trucking company applying for the permit:

 - b. Business Address:

 - c. Business Phone:

 - d. Name of Point of Contact:

 - e. 24-hour Telephone Contact Information in Case of Emergency:

2. Please identify whether the permit is being sought (check one box only):
 - a. For use of City Streets for through transportation of hazardous materials where there is neither a point of origin nor destination (delivery point) within the City (Regulations, § 5.01); or
 - b. For use of City Streets for local delivery/pickup during weekdays from 6:00 a.m. to 8:00 p.m. (that is, during times that would otherwise be restricted under the Regulations (see Regulations, § 5.02); or
 - c. For both of the above

3. Please fully identify all vehicles, trailers, and associated tanker equipment to be used for Hazardous Material transport and operated under the permit, including the following for each vehicle, trailer, or tanker (Provide separate Section 2 information for each unit):
 - a. Type of vehicle, trailer, or tanker:

 - b. Registration Number: _____

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c. Gross Vehicle Weight:

Laden: _____

Unladen: _____

d. Hazardous Material Carriage Capacity (weight or volume, as appropriate)

e. Number of axles and tires:

f. Hazardous materials to be transported by each vehicle, trailer, or tanker:

_____ Division 1.1. EXPLOSIVES (with a mass explosive hazard)(173.50)[formerly Class A Explosives (173.53)]*

_____ Division 1.2. EXPLOSIVES (with a projection hazard)(173.50)[formerly Class A or B Explosives (173.88)]

_____ Division 1.3. EXPLOSIVES (with a predominantly a fire hazard)(173.50)[formerly Class B Explosives (173.88)]

_____ Division 2.3. PPOISON GAS (173.115) [formerly Poisonous Gases-Poison A (173.326)]

_____ Division 4.3. DANGEROUS WHEN WET (173.124) [formerly Flammable Solids (173.150) requiring DANGEROUS WHEN WET Label (172.423) as per (172..101)]

_____ Class 7 RADIOACTIVE MATERIAL (173.403) excluding radioactive materials that are packaged in DOT-7A Type A containers and are intended for use in, or incident to, research or medical diagnosis, or treatment

_____ Division 2.1. LIQUIFIED PETROLEUM GAS (172.101)

_____ Division 2.1. METHANE (Liquefied) (172.101)

_____ Division 2.1. LIQUIFIED HYDROGEN (173.316 and 173.318)

_____ Flammable Liquids with flash points 73° F or less (see 173.120)

*Numbers in parentheses refer to Title 49 of the Code of Federal Regulations (CFR); historic references to former CFR sections using older hazmat classifications are provided in brackets where applicable.

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4. Please fully identify the routes, origins, and destinations for which you require the permit, including the following (attach separate sheets as necessary):

a. Point(s) of origin or pick-up, identifying the location of the origin, the name of the entity located at the origin, and the hazardous material(s) picked up or loaded at each origin:

b. Point(s) of delivery or destination, identifying the location of the destination, the name of the entity located at the destination, and the hazardous material(s) dropped off or off-loaded at each destination:

c. Frequency of trips between each origin/destination pairing:

d. Approximate quantities moved in each shipment:

e. Description of the routes used for transport of hazardous materials by each vehicle from point of origin to point of delivery, the frequency each route is used, and the reasons why the route includes transit through the City of Boston:

f. The usual time of day that vehicle transits through the City of Boston are made, identifying separately for loaded and empty movements:

5. Please provide the information to demonstrate why an alternative route outside of the City of Boston is not practicable. Economic criteria shall not be determinative of whether or not an alternative route is practicable nor is operating convenience a basis for determining whether it is practicable. Please describe the alternate route you would have to utilize if transit through the City of Boston were not permitted and explain fully why the alternate route is not practicable.

6. Please provide information to demonstrate that there is compelling need to grant an exception to the restrictions imposed by the Ordinance and Regulations (see Regulations, § 5.04), including:

- a. A description of your “compelling need” for the issuance of a permit

- b. Whether any additional restrictions could be placed on the permit that would still meet your compelling needs (e.g., time of day restrictions):

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7. Please provide information to demonstrate that transporting the hazardous materials is in the public interest (see Regulations, § 5.04):

8. Please list the names of all drivers of the vehicles operated under the permit including any hazardous material transporter licensing/registration information provided to any government agency for each driver:

9. Please list all citations, warnings, violations, fines, etc., that each driver of vehicle, trailer, or tanker has incurred since January 1, 2000 in connection with driving, transportation of hazardous materials, or equipment safety issues:

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10. Provide copies of your company's current federal Department of Transportation Hazardous Materials Registration Statement (Form DOT F 5800) and Combined Motor Carrier Identification Report and Hazardous Materials Permit Application (Form MCS-150B), together with your current HM Permit, if any.

If applicable, provide a copy of your current Uniform Application for Single-State Registration for Motor Carriers with the Secretary of Transportation (Form RS-1) as submitted to the MA Department of Telecommunications and Energy – Transportation Division, or as submitted to another state of registration.

11. Provide proof of financial responsibility in accordance with 49 CFR § 387.7 and § 387.9. Submit copies of your Endorsement(s) for Motor Carrier Policies of Insurance for Public Liabilities (Form MCS-90) issued by an insurer, Motor Carrier Surety Bond for Public Liability (Form MCS-82) issued by a surety, or written decision, order or authorization of Federal Motor Carrier Safety Administration authorizing you to self-insure under 49 CFR § 387.309.

12. Certification:

I certify that, to the best of my knowledge, the information given in this application is true, accurate and complete. I also understand that the failure to provide all of the information requested in this application may delay or otherwise adversely affect this application.

Certifier's Name : _____
(Print the signer's name)

Title: _____

Phone: _____ Date: _____

Certifier's Signature: _____