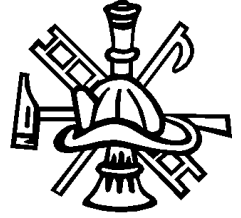




WATERTOWN FIRE DEPARTMENT

Office of Laboratory Safety
Fire Department Headquarters, 99 Main Street
Watertown, Massachusetts 02472-4410
rmele@fire.watertown-ma.gov
www.fire.watertown-ma.gov



RYAN A. NICHOLSON
Provisional Chief of Department

CAPTAIN RALPH MELE
Lab Safety Officer

Laboratory Registration

I _____ certify on this date _____ that the laboratory
(Authorized Institutional Official) (Date)

facility that is owned and operated by _____ and is
(Business or organization name)

located at _____ in Watertown Ma
(Official address of laboratory)

is to the best of my knowledge in compliance with 527 CMR 1.00, NFPA 45, and 780 CMR. This form guarantees the business or organization listed above shall inform the Watertown Fire Department of any changes to the information provided in their registration as a laboratory as soon as available. The business or organization shall keep all permits and licenses updated and valid.

Applying for:

New Registration

Renewal

I, as the institutional official executing this application on behalf of the applicant named above, certify that the information contained herein is true and correct to the best of our knowledge and belief. *(Must be an Authorized Institutional Official who is effectively assigned the responsibility and authority appropriate to assure the accuracy of this statement)*

(Type or print name) By: _____
(Signature)

(Title of Position) Date: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____