

**MAURITIUS FIRE & RESCUE SERVICE**  
**FIRE SAFETY DIVISION**  
 The Chief Fire Officer  
 14, De Chartres Street  
 Port – Louis  
 Tel No.: 2120214/15,2109617, 2113580  
 Fax: 211-8623, 2113258

**APPLICATION FOR THE RENEWAL OF  
 CERTIFICATE OF REGISTRATION**  
*The Inflammable Liquids and Substances  
 Regulations-1953*  
**(GN 179/53)**  
**& or**  
*The Inflammable Gases Regulations-1962*

**FP 6 FORM**

Office use: Remarks:-
File No:.....
Date received:.....
Received by:.....
Signature:.....

SURNAME : .....Mr / Mrs / Miss  
 OTHER NAME : .....  
 COMPANY NAME : .....  
 COMPANY ADDRESS : .....  
 Telephone No : ..... Mobile No : ..... Fax No. ....

I, the undersigned, hereby apply for the renewal of Certificate of Registration in respect of the premises of which details are given below:

Name & Address of the storage area:.....  
 .....

**(a) Underground Tank**

**Inflammable Store / Spraying Room**

No. of Tanks	No. of Pumps	Tank Capacity	Classes	Total Capacity	No. of Vessel	Capacity	Classes	Total Capacity

Fire fighting equipment available:

.....  
 .....

**(b) L.P.G in Cylinders**

**L.P.G in Bulk**

No. of cylinders	Capacity (Kg)	Total Weight	No. of Vessel	Capacity	Total Capacity
Total			Total		

Fire fighting equipment available:

.....  
 .....

I hereby declare that the above information is true and assume full responsibility to ensure that the fire protection measures will be kept in operational order at all material time

Date : ...../...../20.....

Signature : .....  
 Status: .....