

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
105 C.M.R. 675.000**

INDOOR ICE SKATING RINK CERTIFICATION APPLICATIONS

Pursuant to 105 C.M.R. 675.000 and indoor ice skating rink operator must file this certification application with the local board of health. Please fill out the following information. Please note that this form must be complete. Failure to provide the appropriate information can result in a delay in certification.

Please fill out the following information:

Rink Information:

Name of Rink: _____ Street: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Owner Information:

Name of Owner of Rink: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

<p>Skip the following questions in this box if not applicable: If Owner is a Partnership, list general or other partners and addresses: _____ _____ If Owner is a Corporation, provide the following information: State and date of Incorporation: _____ Address of Principal _____ Office: _____ Name and Address of President: _____ _____</p>
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Operator Information

If the person or entity responsible for the maintenance and operations of the rink is different from the owner, please provide the following information. If not, skip to contact person information.

Name of Operator of Rink: _____
Street: _____
City: _____ State: _____ Zip: _____
Contact: _____ Telephone: _____

Skip the following questions in this box if not applicable.
 If Operator is a Partnership, list general or other partners and addresses: _____

If Operator is a Corporation, provide the following information:
 State and Date of Incorporation: _____
 Address of Principal Office: _____
 Name and Address of President: _____

Name of Contact Person at Rink: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____

Dates of Operation of Rink

Opening Date: _____
 Closing Date: _____
 Open Yearlong: YES NO (circle one)

Ice Resurfacer Information

Brand of ice resurfacer: _____
 Fuel (circle one): Gasoline Propane Natural Gas Other _____
 Age of resurfacer _____
 Other: _____
 Catalytic Converter (circle one): YES NO
 Date of last Tune Up: _____
 Exhaust Discharge at (circle one): Ice Level Above Ice
 Name of person/company who did last tune up: _____

Secondary Ice Resurfacer Information (if used)

Brand of ice resurfacer: _____
 Fuel (circle one): Gasoline Propane Natural Gas Other _____
 Age of resurfacer: _____
 Other: _____
 Catalytic Converter (circle one): YES NO

Date of last tune up: _____
Exhaust Discharge at (circle one): Ice Level Above Ice
Name of person/company who did last tune up:

Edger

Brand of edger: _____
Fuel (circle one): Gasoline Propane Natural Gas Other _____
Age of edger: _____
Other: _____
Catalytic Converter (circle one): YES NO
Date of last tune up: _____
Exhaust discharge at (circle one): Ice Level Above Ice
Name of person/company who did tune up: _____

Air Monitoring Equipment

Type of air monitoring equipment for carbon monoxide:

Date of last calibration: _____
Type of monitoring equipment for nitrogen dioxide:

Date of last calibration: _____

Ventilation

Type of mechanical ventilation: _____
Maximum air flow capacity (in feet per minute): _____
Date of last maintenance: _____

PERMIT FEE: \$50.00

Certification

I hereby certify under the pain and penalties of perjury that I have personally examined and am familiar with the information submitted in this form and that such information is to the best of my knowledge and belief, true, accurate and complete.

Date: _____
Signature: _____
Printed Name: _____
Title: _____