



**Tolleson Fire Department – Fire Prevention Division  
Hazardous Material Permit Application**

**1. Business & Billing Information**

Business Name:	Billing Address:
Business Address:	Billing City:
Building #:	Billing State:
Suite #:	Billing Zip:
City:	Billing Contact:
Phone:	Contact #:
Fax:	

**2. Fire Department Liaison**

This person is responsible for coordinating activities and assisting the Fire Department, explanation of the chemical storage & use processes and has access to the Material Safety Data Sheets. The person shall be located in the metropolitan Phoenix area, unless the facility is unattended.

FD Liaison Name:	Business #:
Is the facility unattended? Yes _____ No _____	
Is the facility registered w/the Annual Facility Permit (AFP) program? Yes _____ No _____	

**3. After Hour Emergency Contacts**

Primary Name:	24 Hour Contact #:
Mobile #:	Pager #:
Secondary Name:	24 Hour Contact #:
Mobile #:	Pager #:

**4. Responsible Official**

A responsible official is any person who is (1 ) current owner or operator ( 2 ) arranges for the storage, use, handling or dispensing of hazardous materials.

Name:	Title:
Phone #:	Email:

Signature / Date: \_\_\_\_\_ / Date: \_\_\_\_\_

I declare that the information provided in the Hazardous Materials Permit Application & Hazardous Materials Inventory Statement is true and correct.

**TFD USE ONLY**

Fee Group: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Responsible Inspector: \_\_\_\_\_

Original Permit Date & Scope: \_\_\_\_\_

**Return signed application, hazmat inventory statement(s) & site plan to:**

Tolleson Fire Department – Fire Inspector: Renee Hamblin  
203 N. 92<sup>nd</sup> Ave., Tolleson, Az. 85353

Email: [renee.hamblin@tolleson.az.gov](mailto:renee.hamblin@tolleson.az.gov) / Direct #: 623-474-4624