

Application Form for a Weighing and Measuring Device License

Instructions

- ◆ This form is to be used for all new accounts and any account updates pertaining to business contact / billing information.
- ◆ **Copies of your Placed-In-Service Reports MUST be submitted with this application. Your application will not be processed if you fail to supply copies of the Placed-In-Service Reports. (Keep a copy for your records)**
- ◆ Placed-In-Service Reports are records showing that a Registered NH Service Technician has inspected and certified your devices. Inspection and certification is required annually.
- ◆ **Return this completed, signed application AND copies of Placed-In-Service Reports to the Division, and upon receipt we will send you an invoice.**

Check one of the boxes below

- ◆ New Applicant/Business:
- ◆ Existing Account Holder with Changes to Contact Information:
- ◆ Existing Account with Change of Ownership:

Placed in Service Reports copies included?

- Yes:
No: If no, explain why:

Physical Location of Business

1. Opening Date: _____
2. Business Name: _____
3. Applicant's Name: _____
4. Contact Person: _____
5. Physical Address: _____
6. City: _____ State: ___ Zip Code: _____
7. Previous W&M Acct. No. (if any): _____
8. Ph. No.: _____ Cell Ph: _____
9. Fax No.: _____
10. Email Address: _____

Billing / Payment Information

1. Business Name: _____
2. Contact Person: _____
3. Billing Address: _____
4. City: _____ State: ___ Zip Code: _____
5. Ph. No.: _____ Cell Ph: _____
6. Fax No.: _____
7. Email Address: _____
8. **Would you like the license sent by email?**
Yes No

Questions about device licensing or this form?

- ◆ Email: devices@agr.nh.gov or Call: (603) 271-2894

Please read, sign, and date:

I certify the following: **(1)** that all devices being used commercially are provided with this application; **(2)** that there are no willful misrepresentations or falsifications in the information provided on or with this application; **(3)** that I understand that if an investigation discloses any willful misrepresentations or falsifications, my application shall be rejected; **(4)** that if, after issuance of my device license, should an investigation disclose any willful misrepresentations or falsifications, my license may be revoked or suspended and I may be subject to penalties under **RSA 438:40**.

Signature of Applicant _____

Date: _____