



NH Department of Agriculture, Markets & Food

Tel: (603) 271-2894
Fax: (603) 271-1109
E-mail: devices@agr.state.nh.us

Division of Weights and Measures
PO Box 2042
Concord, NH 03302-2042

DO NOT SEND IN PAYMENT WITH THIS APPLICATION

Lorraine S. Merrill
Commissioner

APPLICATION FOR WEIGHING AND MEASURING DEVICE LICENSE

INSTRUCTIONS- -(READ CAREFULLY BEFORE FILLING OUT THIS FORM)

- 1. In accordance with PART Agr 1408, Licensing of Commercial Devices this application shall be complete and accurate as to all information requested for any individual, business, partnership, company or corporation to obtain a license to operate commercial weighing and measuring devices within the State of New Hampshire.
2. Return applications by mail, fax or email. Contact information is listed at the top of this application.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

SECTION A - Physical location of the business

ACQUISITION OR OPENING DATE: PREVIOUS W&M ACCT # (IF ANY):
CONTACT: PHONE#: EXT:
COMPANY: TOLL FREE# EXT:
ADDRESS: CELL:
CITY: FAX:
STATE: ZIP: E-MAIL:

SECTION B - Information for mailing purposes

CONTACT: PHONE#: EXT:
COMPANY: TOLL FREE# EXT:
ADDRESS: CELL:
CITY: FAX:
STATE: ZIP: E-MAIL:

PLEASE READ, SIGN AND DATE

(1) "I certify that all devices, being used commercially, are listed on this application." (2) "I certify that there are no willful misrepresentations or falsifications in the information provided on this application." (3) "I understand if an investigation discloses any willful misrepresentations or falsifications, my application shall be rejected." (4) "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."

Print name

Signature

Date

