



**NHDAMF - DIVISION OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042**

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**APPLICATION FOR RENEWAL OF SERVICEMAN CERTIFICATE
OF REGISTRATION**

INSTRUCTIONS --- (Read carefully before filling out this form)

1. In accordance with PART Agr 1405, Licensing of Servicemen, this application **shall be complete and accurate** as to all information requested for an individual to obtain a certificate of registration to install, **service, repair, recondition or test and calibrate commercial weighing, measuring or counting devices in the State of New Hampshire.**
2. Application fee of **\$36.00, Plus \$12.00** for each device category applicant desires to work in, shall accompany this application form. Checks or money orders are to be made payable to **Treasurer State of New Hampshire**, and mailed to :**NH Dept. of Agriculture, Markets and Food, Division of Weights and Measures, PO Box 2042, Concord, NH 03302-2042.**
3. A copy of the test equipment certification **MUST** accompany the application if certified in an accredited state laboratory other than the NH Laboratory. In accordance with Agr 1405.07, test equipment must be certified no more that **90 days** prior to submitting an application for a certificate of registration.
4. Applicant shall attach to the application a sample of his/her lead and wire seal and a sample of the pressure sensitive paper seal to be used by him/her.

FOR OFFICE USE ONLY

Date Received _____ Check No.: _____ Fee: _____
Date App. Sent _____ ExpDate: _____ SealNo. _____
Disapproved / Reason _____
Exam Date: _____ ExamScore _____
Rule Number: _____ Handbook -44 Number: _____
Handbook 112 Number: _____

5. Applicant **Must Obtain** a current copy of the department's weights and measures rules and the Current Editions of NIST Handbooks 44 and Handbook 112 prior to any license being issued.
6. Applications shall be signed by the person applying for a license.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Date: _____, 20____ Home Telephone #: ____ (____) _____
Name: _____
(Last) (First) (Middle)
Residence: Street _____ City _____
State _____ (9 Digit) Zip Code _____ - _____ County: _____
Date of birth: ____/____/____ Drivers Lic.No.: _____ State: _____
Mailing address if different from above: _____
E-mail address if available: _____
Previous Residence or Residences if at current address less than 5 years: _____
Applicant has held a certificate under another name provide that name: _____

DEVICE CATEGORIES

SCALES:

A ___ 30 lbs or less B ___ 31 to 300 lbs C ___ 301 to 3000 lbs
D ___ 3001 to 20 000 lbs E ___ 20 001 and up F ___ Vehicle Scales
G ___ Analytical Balances R ___ Lift truck on board weighing systems

RETAIL MOTOR FUEL DEVICES:

H ___ Gasoline Pumps I ___ LP Gas Pumps J ___ Natural Gas Pumps

LARGE VOLUME:

K ___ Vehicle Tank Meters L ___ Bulk Storage Meters
M ___ LPG Vehicle Tank Meters Q ___ Bulk Motor Oil Meters

OTHER:

N ___ Taxi Meters O ___ Linear & Cordage Measures P ___ Milk Tanks

