

## Application & Update 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 / Inspection Reports MUST be submitted with this application. Your application will not be processed if you fail to supply copies of your reports. (Keep a copy for your records)**
- ◆ Placed-In-Service / Inspection 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 / Inspection 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:
- Previous W&M Acct. No. (if any): \_\_\_\_\_

### Copies of Placed In Service / Inspection Reports Included?

- Yes:   
No:  If no, explain why:

### Physical Location of Business

- Opening Date: \_\_\_\_\_
1. Business Name: \_\_\_\_\_
  2. Contact Person: \_\_\_\_\_
  3. Physical Address: \_\_\_\_\_
  4. City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_
  5. Ph. No.: \_\_\_\_\_ Cell Ph: \_\_\_\_\_
  6. Fax No.: \_\_\_\_\_
  7. 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: \_\_\_\_\_

### 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.

Applicant: \_\_\_\_\_  
Printed Name

Signature

Date: \_\_\_\_\_