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 ________________

PAGE 1 OF 2  Form: DVLIC 09-2008 (REV. 04-05; 02-03; 04-96)
In the space provided below list all information requested for each weighing or measuring device that is required to be licensed pursuant to the provisions of PART Agr 1408, the “Licensing of Commercial Devices” rule. In most cases the information needed to complete this section of the application form may be found on the nomenclature plate affixed to each device. If more space is needed you may make a photocopy of this page. Be sure that all information provided is accurate. This will insure that your account is handled in the most efficient manner possible. If you have questions regarding this application call 603-271-2894.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
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<tbody>
<tr>
<td>MAKE</td>
<td>MODEL NUMBER</td>
<td>SERIAL NUMBER</td>
<td>CAPACITY OF SCALE</td>
<td>TYPE OF LINEAR OR TIMING DEVICE</td>
<td>NUMBER OF METERS</td>
<td>PRODUCT DISPENSED THROUGH METER</td>
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**GENERAL EXPLANATION OF COLUMNS**

(A) MAKE: Manufacturer of the device; (B) Model number of the device; (C) The device serial number. (D) Maximum weighing capacity of the scale; (E) Linear and Timing Devices; (F) Number of Meters: For Gas Pumps, this means the number of meters contained in a single unit, usually 4 or 6; For LPG and Oil, the number of meters on a single vehicle. (G) The product dispensed through the meter;