



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD  
DIVISION OF WEIGHTS AND MEASURES  
25 CAPITOL STREET  
PO BOX 2042  
CONCORD NH 03302-2042

**SERVICEMAN EXAMINATION FORM**

**INSTRUCTIONS**

(Read carefully before filling out this form)

1. This form must be complete and accurate as to all information requested.
2. A **\$20.00** examination fee shall accompany this form.
3. You will be notified, as to the date, time and place where the exam will be given.
4. A minimum score of 70% is required.
5. **PLEASE TYPE OR PRINT ALL INFORMATION LEGIBLY.**

Date: \_\_\_\_\_, 200\_\_

APPLICANTS NAME:

LAST

FIRST

MIDDLE

APPLICANTS RESIDENCE:

STREET

CITY

STATE

ZIP CODE

APPLICANTS PRESENT EMPLOYER:

TELEPHONE:

\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_

Check Number: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Exam Score: \_\_\_\_\_

PASS \_\_\_\_\_ FAIL \_\_\_\_\_