

<p>Present Employer: Telephone #:_()_____</p> <p>Company Contact Person:_____ Fax #:_()_____</p> <p>E-mail Address if Available:_____ Toll Free #:_()_____</p> <p>Company Name:_____</p> <p>Street:_____ City:_____</p> <p>State:_____ (9 digit) Zip Code:_____ - _____ County:_____</p> <p>Mailing Address If Different From Above:_____</p>	<p><u>TEST EQUIPMENT</u></p> <p>List all test equipment to be used in this state:</p> <p>Test Weights:_____</p> <p>_____</p> <p>_____</p> <p>Test Measures:_____</p> <p>_____</p> <p>_____</p> <p>Other:_____</p> <p>_____</p> <p>Date test equipment last certified:_____</p> <p>Where Certified:_____</p>
<p>Pursuant to Agr 1405.02 (20) -- Please read, sign and date:</p>	
<p>1. “I understand that I shall pass a written examination, pursuant to Agr 1405.08, for those device categories I want to service.”</p> <p>2. “I understand that only certified standards, pursuant to Agr 1405.07 shall be used to service commercial devices and that the standards shall be certified in the New Hampshire weights and measures laboratory or I shall submit a certificate of certification from another accredited state weights and measures laboratory before a license can be issued.”</p> <p>3. “I certify that I possess the necessary standards and testing equipment to service those device categories for which I am requesting a certificate of registration.”</p> <p>4. “I certify that I have a current edition of NIST Handbook-44, pursuant to Agr 1405.04.”</p>	<p>5. “I certify that I have a current copy of the New Hampshire code of administrative rules, Agr 1400, and that I shall operate in accordance with these rules.”</p> <p>6. “I certify that there are no willful misrepresentations or falsifications in the information provided above.”</p> <p>7. “I understand if an investigation discloses any willful misrepresentations or falsifications my application shall be rejected.”</p> <p>8. “If, after issuance of my serviceman certificate of registration, should an investigation disclose any willful misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.”</p>

Signature of Applicant

Date