



Application for Weighing &/or Measuring Device Registration

Name of Business: _____

Owner of Business: _____

Billing Address: _____

City

State

Zip Code

Billing Contact Person & Title: _____

Billing Phone: _____ Fax: _____

Billing Email: _____

Physical Address: _____

(Physical address or description of where devices are located)

City

Zip Code

Device Site Contact Person & Title: _____

Device Site Phone: _____ Fax: _____

Device Site Email: _____

Type & Number of Device(s): _____

Manufacture of Device(s): _____

Model of Device(s): _____ Serial #(s) of Device(s): _____

List Additional Devices on Additional Pages

Print Name

Signature

Title

Date



Application for Weighing &/or Measuring Device Registration
Additional Page

Page ___ of ___

Name of Business: _____

Physical Address: _____

(Physical address or description of where devices are located – Must Match First Page)

_____ City

_____ Zip Code

Type & Number of Device(s): _____

Manufacture of Device(s): _____

Model of Device(s): _____ **Serial #(s) of Device(s):** _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Type & Number of Device(s): _____

Manufacture of Device(s): _____

Model of Device(s): _____ **Serial #(s) of Device(s):** _____

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

_____ Print Name

_____ Signature

_____ Title

_____ Date

