



**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 **\$10.00** examination fee shall accompany this form, and be made payable to: **Treasurer, State of New Hampshire.**
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.**

FOR OFFICE USE ONLY	
Date Received	_____
Check Number:	_____
Date of Exam:	_____
Exam Score:	_____
PASS	_____
FAIL	_____

Date: _____, 200__

APPLICANTS NAME:

_____	_____	_____
LAST	FIRST	MIDDLE

APPLICANTS RESIDENCE:

_____	_____	_____	_____
STREET	CITY	STATE	ZIP CODE

APPLICANTS PRESENT EMPLOYER:

TELEPHONE:

__() _____