



NH Department of Agriculture, Markets & Food

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PLEASE PRINT LEGIBLY
IN BLACK INK

UPDATE FOR WEIGHING AND MEASURING DEVICE LICENSE

*This form is to be used ONLY when there are any changes to your account or for the addition or removal of devices from an account.

*Please return this form by mail, fax or email. Contact information is listed at the top of this form.

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

SECTION A - Physical location of the business

Form fields for Section A: DATE, CONTACT, COMPANY, ADDRESS, CITY, STATE, ZIP, WEIGHTS & MEASURES ACCOUNT #, PHONE#, TOLL FREE#, CELL, FAX, E-MAIL.

SECTION B - Information for mailing purposes

Form fields for Section B: CONTACT, COMPANY, ADDRESS, CITY, STATE, ZIP, PHONE#, TOLL FREE#, CELL, FAX, 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

