



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Weights and Measures
P.O. Box 490, Avenel, New Jersey 07001
Phone (732) 815-7826 • Fax (732) 382-5298



Registration Application for Commercial Weighing and Measuring Devices

1. Please indicate registration status. Please check box below.

New Renewal Indicate year: _____

Business location - Please print or type.

City County

Registration number: _____
If unknown, please leave blank. A number will be assigned
Date issued: _____
Return by: _____

2. Device location - Please print or type.

Company name

Street address City State ZIP code County

Representative Telephone number (include area code) Fax number (include area code)

3. Mailing address - Complete if different from above.

Company name

Street address City State ZIP code County

Representative Telephone number (include area code) Fax number (include area code)

4. List device information in chart below. See reverse side for device type, fees and important information.

For Official use only Jur Code	Type of device	I.D. number	Model number	Serial number	Manufacturer's name	Capacity scales & meters only	Number of Hoses (Metering devices)	Amount due
							If applicable	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

Please make check or money order payable to Weights & Measures Fund. Total amount due: \$ _____

Mail to: Office of Weights & Measures, PO Box 490, Avenel, NJ 07001 Late fee-add \$10 for each device: + _____

Note: No action will be taken without a completed application and the payment of appropriate fees. Grand total: \$ _____

I hereby certify that the above information is true.

Signature: _____ Date: _____

For Official Use Only/Comments:



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