

For Official Use Only/Comments:

New Jersey Office of the Attorney General Division of Consumer Affairs

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

			itus. Please	Registrat	Registration number:					
New □	Renewal		Indicate y	_	If unknown, please leave blank. A number w					
Business location - Please print or type.							Date issued:			
	City				County					
evice loca	tion - Ple	ase print o	or type.							
					Company name					
Street address			City State			ZIP code				
	Representative		different from		e number (include area c	ode)	Fax number (includ	de area code)		
					Company name					
Street address			City	State		ZIP code	County			
	200000000000000000000000000000000000000									
	Representative nformatio		below. See		e number (include area ca e for device type	253	Fax number (included)	de area code)		
For Official use only Jur Code	Type of	I.D.	Model	Serial	Manufacturer's	Capacity scales &	Number of Hoses (Metering devices)			
	device	number	number	number	name	meters only	If applicable	Amount due		
				_						
2										
3										
7										
3						1				
	ike check (or money o	rder pavable	to Weights &	Measures Fund		Total amount is			
Please ma	Office of We	eights & Me	easures, PO	Box 490, Aver	Measures Fund. nel, NJ 07001 cation and the		Total amount due: \$			



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Please indi	cate regis	tration sta	atus. Please	check box	below.		III STATE			
New □ Renewal □ Indicate year:							Registration number:			
Business location - Please print or type.							Date issued:			
_						Return b	Return by:			
Device loca	City	aca print	0.5 tum.		County					
Device loca	alion - Fie	ase print	or type.							
					Company name					
	Street address			0.11						
	Onect address			City	State	3	ZIP code	County		
	Representative				ne number (include area c	code)	Fax number (inclu	de area code)		
Mailing add	lress - Co	mplete if	different from	າ above.						
	- 10				Company name					
					Company name					
Street address				City	State	e e	ZIP code County			
	Representative)		Telephor	ne number (include area ci	ondo)	[
			below. See				Fax number (include portant information.	de area code)		
For Official	Type of	I.D.	Model number	2000 V25 mil	Manufacturer's	Capacity scales & meters only	Number of Hoses			
use only Jur Code				Serial number			(Metering devices) If applicable	Amount due		
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	ike check o	or money c	rder payable	to Weights &	Measures Fund.		Total amayot day			
Mail to: C	office of We	eights & Me	easures, PO E	Box 490, Aver	nel, NJ 07001		Total amount due: \$	9		
Note: N	lo action w	ill be taken appropriate	without a cor	npleted appli	cation and the	Late fee-add \$	10 for each device: +	ē		
			mation is tru	e.			Grand total: \$			
, , ,				(F/K)						



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New □ Renewal □ Indicate year:							Registration number:			
Business lo	ocation - F	Please prir	nt or type.		Date issued:					
	City				County					
Device loca	ation - Ple	ase print o	or type.							
					Company name					
	Street address	5		City	State	9	ZIP code	County		
/lailing add	Representative		different fror		e number (include area c	code)	Fax number (inclu	de area code)		
					Company name					
Street address			City St		State	te ZIP code		County		
	Representative		below. See		e number (include area co		Fax number (include portant information.	de area code)		
For Official use only	Type of	I.D.	Model	Serial	Manufacturer's	Capacity scales &	Number of Hoses (Metering devices)			
Jur Code	device	number	number	number	name	meters only	If applicable	Amount due		
2										
3										
Mail to: C	Office of We	eights & Me	asures, PO I	Box 490, Aven			Total amount due: \$			
Note N	o action w	m be taken	without a co	Grand total: \$						
p	ayment of		nation is tru				Grand total: \$			