



State of New Jersey
DEPARTMENT OF LAW AND PUBLIC SAFETY
OFFICE OF WEIGHTS AND MEASURES
 PO Box 490, AVENEL, NJ 07001
 PHONE (732) 815-4840 * FAX (732) 382-5298

Registration Application for Commerical Weighing and Measuring Devices

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

New Renewal Indicate Year: _____

Business Location - Please print or type.

Registration Number: _____
Date Issued: _____
Rebilled by: _____

_____ City _____ County

2. Device Location - Please print or type.

_____ Company Name _____ Street Address

_____ City _____ State _____ ZIP code _____ County

_____ Representative _____ Phone 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 _____ Phone 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	ID Number	Model Number	Serial Number	Manufacturer's Name	Capacity Scales & Meters only	Number of Hoses If Applicable	Amount due
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Please make check or money order payable to Weights & Measures Fund. Mail to: Office of Weights & Measures, PO Box 490, Avenel, NJ 07001. Note: No action will be taken without a completed application and the payment of appropriate fees.						Total Amount Due		\$
						Late fee-add \$10 for each device.	+	
						Grand Total:		\$

I hereby certify that the above information is true.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY COMMENTS: