



Weights & Measures Registration Form

New Change of Ownership Out of County Out of Business

Business Name: _____

Business Address: _____ City: _____
State: _____ Zip code: _____ Phone Number: _____

E-mail: _____

Device Type: Scale Retail Motor Fuel Submeter Meter
Cannabis Farmer's Market EVSE Other

Device Manufacture: _____ CTEP/NTEP # _____

Model: _____ Number of Devices: _____

Billing Information Same as Above

Ownership Name: _____

Billing Address: _____ City: _____
State: _____ Zip code: _____

Billing Contact Name: _____ Phone Number: _____

E-mail: _____

Comments:

Large empty rectangular box for comments.