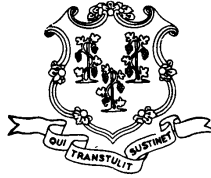


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION
 Telephone: (860) 713-6160
 Email: dcp.foodandstandards@ct.gov
 Web Site: www.ct.gov/dcp



Application for Public Weigher License

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order for \$40.00**, made payable to "Treasurer, State of CT."

Application fees are non-refundable.

➔ Return your completed application and fee to:

*Department of Consumer Protection, License Services
 Division, 450 Columbus Blvd. Suite 801,
 Hartford, CT 06103-1840*

APPLY ONLINE:

Quick and easy licensure. We accept most major credit cards. Start yours at: www.ct.gov/dcp/apply

PRIMARY EMAIL ADDRESS: Please list the primary email address to be used for all communication regarding this document, such as approval, rejection, and renewal notification

Applicant's Name (First Name, Middle Initial, Last Name)			Primary Email Address (see above)	
Street Address		City	State	Zip Code
Mailing Address (If different from above)		City	State	Zip Code
Telephone Number (with area code)		Date of Birth / /	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number*	Alien Registration # or Employment Authorization Document #		
Employer's Name				
Employer's Street Address		City	State	Zip Code
Name of Facility Where Commodities will be Weighed				
Street Address (Location of Scale)		City	State	Zip Code

** The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to C.G.S. §17b-137a. If you choose not to disclose your Social Security Number your application can not be processed.*

I CERTIFY, UNDER PENALTY OF LAW (SEC. 53a-157, CLASS A MISDEMEANOR), THAT THE LICENSEE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant _____ Date _____