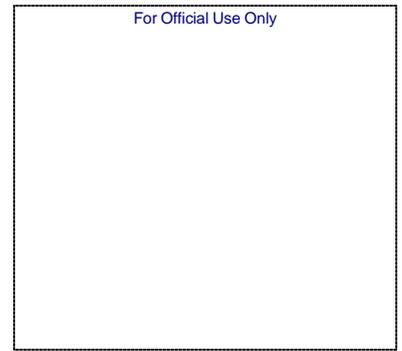
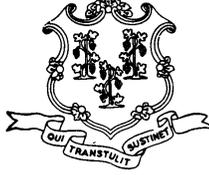


**STATE OF CONNECTICUT**  
**DEPARTMENT OF CONSUMER PROTECTION**  
 FOOD & STANDARDS DIVISION  
 Telephone: (860) 713-6160  
 Email: food.standards@ct.gov  
 Web Site: [www.ct.gov/dcp](http://www.ct.gov/dcp)



## 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 Connecticut.”** Application fees are non-refundable.

→ Return your completed application and fee to:  
**Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106**

Applicant's Name (First Name, Middle Initial, Last Name)				
Street Address		City	State	Zip Code
Date of Birth / /	Applicant's Birthplace	Telephone Number (with area code)	Social Security Number	
<b>Applicant's History</b>				
Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Years of Experience		
Employer's Name				
Employer's Street Address		City	State	Zip Code
Name and Address of Concern for Whom Commodities will be Weighed:				

I subscribe and affirm under the penalties of perjury, that the statements made in this application have been examined by me and to the best of my knowledge and belief are true and correct.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<b>FOR OFFICIAL USE ONLY</b>			
INSPECTION DATE:	INSPECTED BY:	APPROVED BY:	APPROVAL DATE:
FEE DUE:	LATE FEE:	FEE COLLECTED:	CHECK OR MONEY ORDER #:
NEW LICENSE <input type="checkbox"/>	RENEWAL APPLICATION <input type="checkbox"/>	CURRENT REGISTRATION #	EXPIRATION DATE: <b>6 / 3 0 / _ _ _</b>