



DEPARTMENT OF COMMERCE
ENFORCEMENT AND COMPLIANCE DIVISION
WEIGHTS AND MEASURES

P.O. BOX 5795 CHR
 SAIPAN, MP 96950

TEL: (670) 664-8018/8024
 FAX: (670) 664-8074



APPLICATION FOR WEIGHTS AND MEASURES LICENSE

TYPE OF APPLICATION

- New
- Renewal
- Amendment

Date: _____

Business License No.: _____

FORM OF BUSINESS (check only one)

- Sole Proprietorship
- Corporation
- Partnership
- Non-profit Organization
- Association (Please specify): _____

THE UNDERSIGNED HEREBY MAKES AN APPLICATION for the following type of Weights and Measures license pursuant to CNMI Laws, Rules, & Regulations: (Check appropriate box only & see exhibit A for fees).

- A) Weighmaster \$ _____ Fees Retail Motor Fuel \$ _____ Fees
 Scales \$ _____ Fees Retail Motor Fuel Device \$ _____ Fees
 Hydrocarbon Gas Vapor Measuring Device/Mass Linear Measure/Tolerance \$ _____ Fees
 Flow Meter \$ _____ Fees Timing Devices \$ _____ Fees
 Fabric Devices \$ _____ Fees

B) Commercial Weighing & Measuring Device(s):

Serial No.	Make/Type	Model	Capacity	Fee
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
				Total B _____

In consideration of issuance of such license, the applicant must provide the following information: (Answer each item as accurately as possible). Applicant understands that willful misstatement(s) or omission(s) of a material fact on this application shall be grounds for revocation of the weights and measures license or the imposition of civil and/or criminal penalties.

Applicant's Information

1. _____, _____, _____
(Last Name) (First Name) (Middle Initial)
2. Local address (Village, Apt's. name, etc): _____
3. Mailing Address: _____
4. Citizenship of Applicant: _____

Business Information

5. Business Name: _____
6. Business Mailing address in the CNMI: _____
7. Business Local Address (Village, Bldg's. name, etc.): _____
8. Trade, DBA, Assumed Name: _____
9. Location of Business (Check one only): Saipan Rota Tinian Northern Islands
 Please attach a detailed Sketch of Business Location(s)
10. If form of business is a corporation or applicant is a non-CNMI resident, please specify complete name, address and telephone number of resident agent/registered agent on the space provided below.

_____, _____, _____
(Last Name) (First Name) (Middle Initial)
 Mailing Address: _____ Telephone Number: _____

Applicant's Declaration

I declare under penalty of perjury that the statements above are true and correct, and that I have complied with all Commonwealth Laws and Regulations promulgated pursuant thereto and that this declaration was executed at Saipan, Tinian, Rota, Northern Islands on the date indicated below.

_____, _____, _____
Print Name & Sign Title Date

For Official Use Only

Conformance Endorsement: The Weights & Measure Licensing Office has reviewed this application and recommends approval disapproval of issuance of W&M License. If disapproved, state reason(s) below:

License fee: \$ _____ Testing fee: \$ _____ Late fee: \$ _____ Total fee(s) \$ _____ Receipts No.: _____

Reviewing Officer Date

Final Endorsement: The approving officer has reviewed this application and therefore approves W&M License No. _____ effective on _____ this _____ day of _____, 20 _____.

Approving Officer Date