

**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
FOOD & STANDARDS DIVISION**

Telephone: (860) 713-6160
Web Site: www.ct.gov/dcp



For Official Use Only

**APPLICATION FOR REPAIRER
OF WEIGHING & MEASURING DEVICES**

Connecticut General Statutes; Sec. 43-46. Definitions. "Repairman" means any person engaged in the business of adjusting or repairing weighing or measuring devices in this state or an employee thereof engaged in such business.

INSTRUCTIONS:

All spaces must be completed - please print or type. This application **must be accompanied by a check or money order in the amount of \$20.00**, 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

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)				
Street Address		City	State	Zip Code
Telephone Number (with area code)	Social Security Number	Years of Experience in servicing, repair or installation of weighing or measuring equipment:		
Date of Birth	Applicant's BirthPlace	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide on a separate sheet, the date(s), and nature of conviction(s), where the case(s) were decided and a description of the circumstances relating to each conviction(s).				
Employer's Name				
Employer's Street Address		City	State	Zip Code
If Self Employed, List Name of Business				
Address of Business		City	State	Zip Code
Give a Brief Description of Your Business				

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 _____

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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: 1 2 / 3 1 / _ _ _