

Request for Verification of Weighing Device

Name of Business: _____

Address: _____

Contact Person: _____

Telephone No.: _____ Fax No.: _____

E-mail: _____

Location of scale(s) to be verified *(if different from above)*: _____

Information for Weighing Device

Type of Device	Manufacturer	Serial Number	Quantity	Maximum Capacity

Sign: _____

Date: _____

Information for Weighing Device (cont.'d)

Type of Device	Manufacturer	Serial Number	Quantity	Maximum Capacity

Sign: _____

Date: _____