State of Nebraska

Department of Agriculture
Division of Weights and Measures
P.O. Box 94757
Lincoln, Nebraska 68509

FOR OFFICE USE	
	Firm number:
	Owner number:

Business name:		
Street address:		
City:	**State:**	**Zip Code:**
Phone number *(include area code):*		

DEVICE REGISTRATION FORM

****** FOLLOW INSTRUCTIONS ON BACK OF THIS FORM ******
Return this form, along with a check payable to **Division of Weights and Measures**, to the above address.

FOR OFFICE USE ONLY

Device Number	Capacity Fee	Inspector Code	Device Code	Serial Number	Name of Manufacturer	Model	Amount Due

TOTAL REMITTANCE: _____

Wamaf