



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Weights and Measures
1261 Routes 1 & 9 South, Avenel, New Jersey 07001
Telephone: (732) 815-4840 • Fax: (732) 382-5298



Application for Renewal of Weighmaster Certification

Date: _____

I hereby make application for renewal of my Weighmaster Certificate in the State of New Jersey for the statutory term.

Full Name of Applicant: _____

Home Address: _____
Street City State ZIP code County

Home Telephone Number: (____) _____ Date of Birth: _____ Age: _____

*Social Security No: ____ - ____ - ____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Committee is required to obtain your Social Security number. Pursuant to these authorities, the Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Federal law limits the issuance or renewal of professional or occupational licenses, registrations or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

Child Support (You must answer a, b, c and d.)

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to questions a(1) through d will result in a denial of reinstatement or reactivation of licensure. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure.

Applicant's name (please print)

Applicant's signature

Date

Occupation: _____

Employer's Name: _____

Employer's Address: _____
Street City State ZIP code County

Employer Telephone Number: (_____) _____

In what city or town in New Jersey is the major portion of your work as a weigher performed?

City or Town: _____ County: _____

Give make, type and capacity of scale used in your work as a weigher:

Official Weighmaster Number: _____ Expiration Date: _____

Signature of Weighmaster: _____

Superintendent's Approval

Signature of Weights and Measures Officer

Date

Impress your Weighmaster Seal
pressed in the block provided.

Affix Seal Here

Please make sure impression is legible
or application will be returned.

Any false statements in this application shall be cause for rejection for licensure/certification or revocation of license/certificate if issued.

Application must be accompanied by a check or money order for prescribed State fee of \$150.00 made payable to STATE TREASURER, WEIGHTS AND MEASURES REVENUE.