



WEIGHTS & MEASURES NOTIFICATION FORM

NASSAU COUNTY DEPARTMENT OF CONSUMER AFFAIRS

240 Old Country Road, Mineola, N.Y. 11501

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(516) 571-2600 FAX: 516-571-5446

ARTICLE 16—SECTION 182 A&M LAW REQUIRES OPERATOR TO NOTIFY THIS DEPARTMENT OF NEW, USED OR REPAIRED DEVICES

- NEW
- ORDERED REPAIRED
- CONDEMNED
- BROKEN SEAL

BUSINESS NAME:			
ADDRESS:			
CITY:			
EMAIL:	STATE:	ZIP:	
PHONE:			

- SCALE
- GAS PUMP
- OIL METERS

TYPE OF WORK PERFORMED: _____

DATE OF WORK PERFORMED: _____

FOR SCALES & GAS PUMPS ONLY:

NUMBER OF SCALES TO BE INSPECTED? _____ TYPE OF SCALE(S): _____

LOCATION OF SCALES TO BE INSPECTED: _____

(if applicable):

BRAND NAME: _____ PUMP NUMBER: _____ GRADE: _____

FOR OIL METERS ONLY:

YEAR: _____ MAKE: _____ MODEL: _____ PLATE: _____

COLOR: _____ TRUCK NUMBER: _____ VIN #: _____

NUMBER OF METER(S): _____ LOCATION OF METER(S): _____

PERSON REPORTING NOTIFICATION REQUEST:

I certify that, as per NYS Agriculture and Markets Law, that this device is legal for trade. Although submitting this form; the device **CAN NOT** be used until this Department notifies you via email and provides you with a Notification number.

NAME: _____ DATE: _____

COMPANY: _____ PHONE #: _____

EMAIL: _____

FOR OFFICE USE ONLY:

ESTABLISHMENT CODE: [][] [][] [][][][]	DATE RECEIVED [][][][][][]	TIME: [][][][] AM PM
DATE ASSIGNED: [][][][][][]	ASSIGNED TO: [][][]	APPOINTMENT DATE [][][][][][]
DATE INSPECTED [][][][][][]	TIME INSPECTED: [][][][] AM PM	INSPECTION SHEET NUMBER: [][][][][][]

SIGNATURE OF INSPECTOR: _____