



Weights and Measures Cancellation of Certification

Legal Name _____

DBA (Doing Business As) _____

Business Address (actual location of gas pumps and/or scales) _____

Floor _____ Suite Number _____ Zip Code _____

Contact Person Name _____

Contact Person Phone Number _____

Contact Person Email Address _____

Mailing/Billing Address (if different than above) _____

Account Number _____ Site Number _____

I wish to cancel Seal # _____, affixed to Device (choose one): Pump # _____ / Scale # _____

I wish to cancel Seal # _____, affixed to Device (choose one): Pump # _____ / Scale # _____

I wish to cancel Seal # _____, affixed to Device (choose one): Pump # _____ / Scale # _____

I wish to cancel Seal # _____, affixed to Device (choose one): Pump # _____ / Scale # _____

I wish to cancel Seal # _____, affixed to Device (choose one): Pump # _____ / Scale # _____

I understand that by completing this form, the certification for accuracy of the above-named device and corresponding seal is hereby negated.

Print Name _____

Date _____

Title _____

Signature _____

OFFICE USE ONLY:

Today's Date _____ Received Date _____

Entered Date _____ Entered By _____