



Weights and Measures Certification Application

SECTION I:

Legal Name: _____

DBA (Doing Business As): _____
(As shown on current business license)

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

Floor: _____ Suite Number: _____ City, State: CHICAGO, IL Zip Code: _____

Contact Person Name: _____

Contact Person Phone Number: _____

Contact Person Email Address: _____

Mailing/Billing Address (if different than above): _____

Account Number: _____ Site Number: _____
(Located on the lower left hand side of your current business license)

Please answer the following questions:

1) Will your business be using gas pumps? Yes No If yes, how many? _____ **Fill out Section II**
Note: Each nozzle and/or grade is considered one (1) pump

2) Will your business be using scales? Yes No If yes, how many? _____ **Fill out Section III**

3) Why are you applying for certification? New Business
 Not currently certified
 Replaced old gas pumps/scales
 Added gas pumps/scales
 Other: _____

NOTE: Please be sure to sign and date the application in Section IV.

SECTION II – GAS PUMPS

Please fill out in detail the section below if your business will be using gas pumps on the premises. Please be sure to enter information for every gas pump that the location intends for customers' use, as disclosed in Section I.

Note: Each nozzle and/or gas grade constitutes a pump and must be properly inspected and sealed by the Chicago Department of Business Affairs and Consumer Protection. This form permits entry of 8 pumps. Please use Addendum A – Gas Pumps if you are applying for certification for more than 8 pumps.

Please enter the pump number, circle the grade type and enter the octane level on the line provided next to the grade. (See example below and note that a separate record must be entered per each gas grade.)

Example

1. What is the Pump Number? 1
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium 93 Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* 12345

1. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

2. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

3. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

4. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

5. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

6. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

7. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

8. What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

SECTION III – SCALES

Please fill out in detail the section below if your business will be using scales on the premises. Please be sure to enter information for every scale or weighing device that the location intends to use, as described in Section I.

NOTE: Each scale must be inspected and sealed by the Chicago Department of Business Affairs and Consumer Protection. This form permits entry of 6 scales. Please use Addendum B – Scales if you are applying for certification of more than 6 scales.

Please enter where on the premises the scale is located, the maximum capacity of the scale, the scale make, model and serial number and all the information about the COC number, NTEP, or approved number. Please enter a separate record for each scale (see example below).

Example

1. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

Produce

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: 30 lbs. - under

What is the scale Make: Hobart Model: MD-6000 Serial No.: HM987654321MD

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): COC 12-345

Reason for applying? Replaced Old Scale Old Seal #: B12345 Scale Location: PRODUCE

New Scale Other: _____

1. Where on premises is the scale located, *please specify*? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____

2. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____

3. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____
 New/Added Scale Not Currently Certified Other: _____

4. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____
 New/Added Scale Not Currently Certified Other: _____

5. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____
 New/Added Scale Not Currently Certified Other: _____

6. Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____
 New/Added Scale Not Currently Certified Other: _____

SECTION IV

I hereby attest the information contained herein is true and accurate to my knowledge.

Print Name

Date

Title

Signature

The signed application form(s) may be delivered to BACP via one of the following methods:

PREFERRED METHOD: By email to: bacpweights@cityofchicago.org
In person, go to: Weights and Measures
2350 West Ogden Avenue, 2nd Floor
Chicago, IL 60608
By mail to: Address listed above
By fax to: (312) 746-7160

Questions? Contact us at (312) 746-4882

OFFICE USE ONLY:

Received Date: _____

Renewal Date: _____

Entered Date: _____

Entered By: _____

Comments: _____

Fees: *Small Scales (under 24,000 lbs)..... \$25.00 per scale*
Heavy Duty Scales (over 24,000 lbs)..... \$75.00 per scale
Gas Pumps \$41.00 per grade
Re-Inspection..... \$100.00

ADDENDUM A – GAS PUMPS

- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____
- What is the Pump Number? _____
Grade Type & Octane Level:
Regular _____ Mid-Grade _____ Premium _____ Diesel _____ Kerosene _____ Other: _____
Was gas pump/nozzle replaced? Yes No *If yes, please provide Old Seal #* _____

ADDENDUM B – SCALES

- Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____

- Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____

- Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____

- Where on premises is the scale located? (e.g., Deli, Produce, Bakery, Checkout Lane, etc.)

What is the maximum weight capacity that the scale can measure? Is it over or under 24,000 pounds?

Under 24,000 lbs Over 24,000 lbs Maximum Weight: _____

What is the scale Make: _____ Model: _____ Serial No.: _____

What is the Certificate of Conformance (COC), National Type Evaluation Program (NTEP), or approved number (any of the three): _____

Reason for applying? Replaced Old Scale Old Seal #: _____ Scale Location: _____

New/Added Scale Not Currently Certified Other: _____