

State of New Jersey
BOARD OF PUBLIC UTILITIES
44 SO. CLINTON AVENUE
9TH FLOOR – P.O. BOX 350
TRENTON, NEW JERSEY 08625-0350
(609)-292-0150

GMT# _____

APPLICATION FOR GAS METER TEST

Under the provisions of N.J.A.C. 14:3-4.6 I hereby request a test of the gas meter measuring gas supplied to me at the following premises:

PLEASE PRINT:

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____, NJ_ ZIP: _____ TELEPHONE: _____

SIGNED: _____ BUSINESS PHONE: _____

MAILING ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE _____

PLEASE PROVIDE THE FOLLOWING INFORMATION WHICH CAN BE FOUND ON THE METER:

- a. GAS COMPANY _____
- b. GAS COMPANY'S METER NUMBER _____
- c. MANUFACTURER'S NAME _____
- d. MANUFACTURER'S SERIAL NUMBER _____
- e. SIZE OF METER _____

A meter will be considered accurate if, when measuring gas flow at 20 percent of its rated capacity, it registers an error which is not greater than 2 percent when compared against a Board certified standard gas prover.

NOTE: *Do not allow the company to remove the meter until you receive further written instruction from Board staff. You cannot file this application if the meter has been removed by the company, since the Board did not have control of the meter, the Board **Cannot** certify the accuracy of the meter.*

Upon application by any customer to the Board, a test of the customer's meter will be witnessed by an engineer of the Board. Such test shall be made as soon as practicable after receipt of the application and upon notice to the customer and the utility as to the time and place of such test.

A fee of \$5.00 shall be paid by the customer at the time the application is made for the test, in accordance with New Jersey Revised Statute 48:2-56. Please make check or money order payable to "Treasurer, State of New Jersey".