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| 検定証明書交付申請書  年　　月　　日  千葉県計量検定所長　様  住所  名称又は氏名  申請者職・氏名  担当者氏名  連絡先  以下の計量器について、検定結果証明書を交付くださるよう申請します。   |  |  |  |  | | --- | --- | --- | --- | | 種類 | 能力及び  型式承認番号 | 製造番号又は  器物番号 | 検定・検査年月日 | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   ※ 証明書の郵送を希望する場合は、必要な金額の切手を貼付し送付先等を記入した封筒を提出してください。   |  | | --- | | 県証紙貼付欄  （１通４００円） |   交付申請枚数　　　　　　枚 |