PLACED IN SERVICE REPORT For Commercial Weighing or Measuring Devices Failure to notify the County within 24 hours is a violation of BPC 12515 and BPC 12532



Registered Service Agency								
*Name				Phone				
*Address				*Agent Name				
*City, ST, Zip				*License #				
Device Ownership					Device Location			
*Name			•	*Co. Name				
*Address				*Address				
*City				*City				
*State		*Zip		*State		*Zip		
Phone				*County	1			
*Contact Name				Phone				
*Contact Email				*Date Repaired of	or Placed in Servi	ice		
Device Information								
*Device ID (i.e., pump or check stand #)	*Device Manufactu		*Model Number	*Serial Number	*NTEP Number (or compo	device	Type of Device (capacity if applicable)	
Remarks:								

Link to county contact information:

http://www.cdfa.ca.gov/exec/county/documents/countycommissionersealercontactinfo.pdf

^{*} REQUIRED INFORMATION Reference: California Code of Regulations, Title 4, Division 9, Chapter 4, Section 4085 (a)(2)