| | For Comn | nercial Weig | SERVICE REI ghing or Meas hours is a violation of J | suring Devic | |
|---|-------------------------|-----------------------|---|---|--|
| | | Register | ed Service Agency | v | |
| *Name | | | Phone | | |
| *Address | | | *Agent Name | | |
| *City, ST, Zip | | | *License # | | |
| | Device Owners | ship | | Device Loca | tion |
| *Name | | *Co. Name | | | |
| *Address | | | *Address | | |
| *City | | | *City | | |
| *State *Zip | | *State | * | Zip | |
| Phone | | *County | | | |
| *Contact Name | e | | Phone | | |
| *Contact Email | | | *Date Repaired or | Placed in Service | |
| | | Devi | ce Information | | |
| *Device ID (i.e., pump or check stand #) | *Device Manufacturer | *Model Number | *Serial Number | *NTEP CC Number (device or component) | Type of Device (capacity if applicable) |
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| Remarks: | | | | | |
| | INFORMATION Referenc | e: California Code or | f Regulations, Title 4, Divi | ision 9, Chapter 4, Se | ction 4085 (a)(2) |

Link to county contact information: http://www.cdfa.ca.gov/exec/county/documents/countycommissionersealercontactinfo.pdf

E-mail completed form to ocweightsandmeasures@ocpw.ocgov.com or Fax to 714-921-2713. If sending by e-mail, please put your service agency name on the subject line.