



County of Orange  
Agricultural Commissioner  
Sealer of Weights & Measures

# WEIGHTS & MEASURES REQUEST TO TEST / INSPECT DEVICE REQUEST AUTHORIZATION TO INSTALL

FORM WM 1003

Send completed request form to County of Orange Sealer of Weights & Measures:

222 East Bristol Lane, Orange, CA 92865 | Email: ocweightsandmeasures@ocpw.ocgov.com | Phone: (714) 955-0100 | Fax: (714) 921-2713

Must submit request for approval **BEFORE** device delivery to Orange County.  
Devices sent to Orange County for testing/inspection may require the manufacturer's seal to be broken.  
Devices may be placed out of service for violations of BPC 12107.

**PLEASE CHECK ONE:**

**AUTHORIZATION REQUEST TO  
INSTALL SUBMETERS IN ORANGE  
COUNTY TESTED BY**

**AUTHORIZATION REQUEST TO  
TEST SUBMETERS FOR INSTALL  
OUTSIDE ORANGE COUNTY**

**REQUEST TO TEST DEVICE**

[Hourly rate applies Pass or Fail  
if not registered with County]

\_\_\_\_\_ COUNTY  
BPC 12210.7

DESTINATION  
COUNTY \_\_\_\_\_  
[HOURLY RATE APPLIES PASS OR FAIL]  
BPC 12210.3

Permit no. if available

| PROPERTY LOCATION INFORMATION               |       |               |                      | OWNER/BILLING RESPONSIBILITY |                          |                   |                           |     |
|---|-------|---------------|----------------------|------------------------------|--------------------------|-------------------|---------------------------|-----|
| Total No. of Submeters in Property:         | Water | Electric      | Gas                  | Co. Name:                    |                          |                   |                           |     |
| Co. Name:                                   |       |               |                      | Attention:                   |                          |                   |                           |     |
| Contact Name:                               |       |               |                      | Contact Name:                |                          |                   |                           |     |
| Address:                                    |       |               |                      | Address:                     |                          |                   |                           |     |
| City:                                       |       |               |                      | City:                        |                          |                   |                           |     |
| State:                                      |       | Zip:          |                      | State:                       |                          | Zip:              |                           |     |
| Phone:                                      |       | Email:        |                      | Phone:                       |                          | Email:            |                           |     |
| SUBMETER TYPE AND COUNT FOR TESTING/INSTALL |       |               |                      | OTHER DEVICE TYPE AND COUNT  |                          |                   |                           |     |
| Qty. WATER                                  |       | CTEP/ NTEP:   |                      | Qty. DEVICE                  |                          | DEVICE TYPE:      |                           |     |
| Qty. ELECTRIC                               |       | CTEP/ NTEP:   |                      | Qty. DEVICE                  |                          | DEVICE TYPE:      |                           |     |
| Qty. GAS                                    |       | CTEP/ NTEP:   |                      | Qty. DEVICE                  |                          | DEVICE TYPE:      |                           |     |
| REGISTERED SERVICE AGENCY (RSA) INFORMATION |       |               |                      |                              |                          |                   |                           |     |
| Agency Co.:                                 |       |               | Agency Co. License # |                              | Agency Co. Contact Name: |                   | Agency Co. Contact Email: |     |
| Agency Address:                             |       |               |                      |                              | City:                    |                   | ST                        | Zip |
| Agent Name:                                 |       |               | Agent License #      |                              | Agent Email:             |                   | Agent Phone:              |     |
| COMMENTS/ADDITIONAL INFO./ INSTRUCTIONS:    |       |               |                      |                              |                          |                   |                           |     |
|   |       |               |                      |                              |                          |                   |                           |     |
|   |       |               |                      |                              |                          |                   |                           |     |
|   |       |               |                      |                              |                          |                   |                           |     |
|   |       |               |                      |                              |                          |                   |                           |     |
| Request Completed by:                       |       |               |                      |                              |                          |                   |                           |     |
| Name:                                       |       |               | Phone:               |                              | Email:                   |                   | Date:                     |     |
| COUNTY USE ONLY - Do not fill!              |       |               |                      | Approved By:                 |                          | Date:             |                           |     |
| Device Release:                             |       | Picked Up by: |                      | Phone:                       |                          | Total Fees Due \$ |                           |     |
| QTY.  |       | DEVICE        |                      | QTY.                         |                          | DEVICE            |                           |     |
|   |       |               |                      |                              |                          | Check No.         |                           |     |
|   |       |               |                      |                              |                          | Date:             |                           |     |