

DMS Form 44-062 (Rev. 09/2025)

REGISTERED SERVICE AGENCY (RSA) APPLICATION

STOP! GO PAPERLESS AND REGISTER ONLINE.

☐ New Application ☐ Update / Renewal - Registration Number: _____

A) BUSINESS INFORMATION

1. Business Type / Structure: *(check appropriate box)*

☐ Sole Ownership ☐ Partnership ☐ Limited Liability Company (LLC)
☐ Corporation ☐ Limited Partnership (LP)

2. Name of Owner: Name of Sole Owner, Partners / Name of LP, LLC, or Corporation as shown on the Secretary of State website: <https://bizfileonline.sos.ca.gov/>

3. Name of Business: If using "Doing Business As" (DBA), submit copy of Fictitious Business Name Statement filed with the County Clerk Recorder.

4. Mailing Address: _____
 STREET, CITY, STATE, ZIP CODE AND COUNTY

5. Phone: _____ 6. Email: _____

B) MAINTENANCE LOCATION INFORMATION *(attach additional sheets if necessary)*

1. **Primary:** _____
 STREET NUMBER AND NAME, CITY, STATE, ZIP CODE AND COUNTY

2. Additional Location(s):

a. _____
 STREET NUMBER AND NAME

 CITY, STATE, ZIP CODE AND COUNTY

c. _____
 STREET NUMBER AND NAME

 CITY, STATE, ZIP CODE AND COUNTY

b. _____
 STREET NUMBER AND NAME

 CITY, STATE, ZIP CODE AND COUNTY

d. _____
 STREET NUMBER AND NAME

 CITY, STATE, ZIP CODE AND COUNTY

C) AGENT(S) INFORMATION *(attach additional sheets if necessary)*

1. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

3. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

5. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

2. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

4. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

6. _____
 FULL NAME AND SERVICE AGENT LICENSE NUMBER

FOR DEPARTMENT USE ONLY	
RC Number:	Postmark Date:
RC Date:	Amount Received:
Processed by:	
Standards Verification Signature and Date:	

Contact the [Division of Measurement Standards](#) for assistance.

D) DEVICE TYPE(S) SERVICED

Check all that apply.

MEASURING DEVICES

- | | |
|--|--|
| <input type="checkbox"/> CNG Meters | <input type="checkbox"/> Measuring System Software |
| <input type="checkbox"/> Cryogenic Liquid Measuring | <input type="checkbox"/> Milk Meters |
| <input type="checkbox"/> Electric Meter (Watthour) | <input type="checkbox"/> Multi-Dimension Measuring Devices |
| <input type="checkbox"/> Electric Vehicle Fueling Systems (EVFS) | <input type="checkbox"/> Other Measuring Devices |
| <input type="checkbox"/> EVFS (Device Manufacturer) | <input type="checkbox"/> Retail Motor Fuel Dispensers |
| <input type="checkbox"/> Generic Retail Meters | <input type="checkbox"/> Taximeters and Odometers |
| <input type="checkbox"/> Grain Moisture Meters | <input type="checkbox"/> Timing Devices |
| <input type="checkbox"/> Hydrocarbon Gas Vapor Meters | <input type="checkbox"/> Vehicle Tank Meters |
| <input type="checkbox"/> Hydrogen Dispensers | <input type="checkbox"/> Water Meter (Submeter) |
| <input type="checkbox"/> LNG Meters | <input type="checkbox"/> Wholesale Liquid Meters |
| <input type="checkbox"/> LPG Meters | |

Describe "Other" Measuring Devices

WEIGHING DEVICES

- | | |
|---|---|
| <input type="checkbox"/> Belt Conveyor Scales | <input type="checkbox"/> Postal and Parcel Scales |
| <input type="checkbox"/> Heavy Industrial (5000+ lb) | <input type="checkbox"/> Precision and Lab Balances |
| <input type="checkbox"/> Light Industrial (up to 5000 lb) | <input type="checkbox"/> Retail Point of Sale |
| <input type="checkbox"/> Monorail (Static and In-Motion) | <input type="checkbox"/> Weighing System Software |
| <input type="checkbox"/> Onboard Weighing Devices --- | <input type="checkbox"/> Wheel Loader Weighers --- |
| <input type="checkbox"/> Other Weighing Devices | |

Describe "Other" Weighing Devices

E) TEST STANDARDS CERTIFICATION / CALIBRATION - Possession of, or access to, test standards for each device being serviced that are sufficient, suitable, and certified is required by [Business and Professions Code Section 12533](#) and [California Code of Regulations Section 4086](#). (Check all that apply)

This service agency owns the applicable test standard or test standards and testing equipment used by its employees. ☐

Submit Certification / Calibration Reports for EACH test standard owned.

This service agency and its employees rely on the results of the NIST traceable state- or county-owned test standard and testing equipment. ☐

Submit the name and address of the state or county office that will test devices for this service agency.

This service agency and its employees use the applicable test standard or test standards and testing equipment owned by a third party. ☐

Submit third-party Certification / Calibration Reports and a letter from the third-party that allows this service agency to use their test standard or test standards and testing equipment.

IMPORTANT! Businesses that fail to submit Certification / Calibration Reports will not be issued a Service Agency Registration, and the application will be invalid 30 days after receipt.

F) PAYMENT INFORMATION **STOP! GO PAPERLESS AND PAY ONLINE.**

ITEM	FEES (ea.)	(x) COUNT	(=) SUBTOTAL	(+) LATE FEES*
Primary Location	\$ 200.00	1	\$ 200.00	\$
Additional Location(s)	\$ 100.00		\$	\$
Licensed Agent(s)	\$ 25.00		\$	\$
TOTAL FEES DUE				\$

*If payment is received 5-30 days late, apply 30% Late Fee. If more than 30 days late, apply 50% Late Fee.

MAKE CHECKS OR MONEY ORDERS PAYABLE TO [CDFA 502](#) **AND MAIL TO:** (Do Not Send Cash)

U.S.P.S.:

Division of Measurement Standards
PO BOX 942878
Sacramento, CA 94271

Overnight Mail:

California Department of Food & Agriculture
ATTN: Cashier's Office
1220 N Street, Room 140
Sacramento CA 95814

By signing this application, I certify under penalty of perjury that the foregoing information is true and correct and that I am the authorized applicant, or legal representative thereof, applying for this registration. I agree to abide by all applicable provisions of the California Business and Professions Code [Division 5](#) and the California Code of Regulations (CCR) Title 4, [Division 9](#). I further acknowledge that this application shall be submitted and reviewed in accordance with [CCR Title 4, Section 4700](#), and that I may appeal the denial of this application, or of a service agency registration, in accordance with [CCR Title 4, Section 4701](#).

PRINT NAME

TITLE

SIGNATURE

DATE