

## SERVICE AGENCY APPLICATION WEIGHTS AND MEASURES

### INSTRUCTIONS

**Indicate if this is a new or updated application. If an update, you must include your registration number.**

1. Check the box that applies to the ownership of the business.
2. This is the person(s) or corporation(s) that owns the business. If the business is a corporation or limited liability company (LLC), show the corporation name only. This is the name that will appear on the service agency registration certificate.
  - 2a. The mailing address is the location where all correspondences will be mailed. Provide a daytime telephone number we can call if additional information is needed. Please provide your email address. Your fax number is optional.
  - 2b. List the name, title, and address for the sole owner, members of a partnership, limited partnership (LP), officers of a corporation, or limited liability company (LLC).
  - 2c. If the business is a corporation or a limited company, indicate the name of the authorized agent to accept service of legal notice.
3. Please check the appropriate boxes for the type of device(s) on which your company works. If you select Other Weighing Devices or Other Measuring Devices, please enter a description in the appropriate places provided.
4. The fees are for this initial application. If additional locations or agents are added, additional appropriate fees are required PRIOR TO OPERATION, otherwise penalties will apply.
- New** 5. All applications shall include Certificates of Accuracy of Standards (copies of calibration reports or certificates) for standards used by service agents, or affirmation that certified standards owned by another person is used for work. Reference: California Code of Regulations, Division 9, Chapter 4, Section 4085(a)(5).
6. This signature shall be a person who has the authority to act as a legal representative for the agency along with a telephone number and email address.
7. Enter the address of your primary location in this area.
8. If you have additional maintenance locations, please enter them in boxes 7a, 7b, and 7c, etc. on page 2 of the application. Print additional sheets of page 2 if necessary.
9. All agents must be licensed and listed. There must be a minimum of one (1) agent on the application. The service agency is registered as a business and each agent must be licensed. In the case where the service agency is a single person who performs duties as a service agent, the single person must be licensed as an agent to comply with California Code of Regulations, Division 9, Chapter 4, Section 4085 (a) (4).

---

### IT IS THE SERVICE AGENCY'S RESPONSIBILITY TO KEEP ALL INFORMATION AND FEES CURRENT

If you have questions about this application, please contact the Division of Measurement Standards at [DMS@cdfa.ca.gov](mailto:DMS@cdfa.ca.gov) or (916) 229-3000. Additional Information is available on the Registered Service Agency webpage at: [www.cdfa.ca.gov/dms/programs/rsa/rsa](http://www.cdfa.ca.gov/dms/programs/rsa/rsa)

The Department of Food and Agriculture has established time periods for the processing of permit applications in compliance with Government Code Sections 15274-15378. Failure to comply with these time periods may be appealed to the Secretary of Food and Agriculture, 1220 N Street, Sacramento, CA 95814, pursuant to regulations set forth in Title 3, California Code of Regulations, and Section 300. Under certain circumstances, the Secretary may order the applicant receive reimbursement of filing fees.

# SERVICE AGENCY APPLICATION WEIGHTS AND MEASURES

NEW APPLICATION

UPDATED APPLICATION

Current Service Agency Registration Number:

See instruction sheet for assistance with filling out this form. Use Page 2 for additional Branch Locations and/or Agents.

SERVICE AGENCY INFORMATION					
1. <input type="checkbox"/> CORP.		<input type="checkbox"/> PARTNERSHIP		<input type="checkbox"/> SOLE OWNER	
		<input type="checkbox"/> LLC		<input type="checkbox"/> LP	
2. BUSINESS NAME					
2 a. MAILING ADDRESS			CITY	STATE	ZIP
EMAIL ADDRESS			TELEPHONE	FAX NUMBER	
2 b. NAME & TITLE OF SOLE OWNER, PARTNERSHIP & CORPORATION OFFICERS					
(1) NAME:			(2) NAME:		
2 c. NAME & ADDRESS OF PERSON IN CALIFORNIA AUTHORIZED TO ACCEPT SERVICE OF SUMMONS:					START DATE
3. TYPE OF DEVICE(S) SERVICED - CHECK ALL THAT APPLY:					
Weighing Devices		Measuring Devices		4. FEES	
WA <input type="checkbox"/>	Heavy Industrial (5,000 lb +)	MA <input type="checkbox"/>	Retail Motor Fuel Dispensers	<b>PRIMARY LOCATION</b>	<b>\$200.00</b>
WB <input type="checkbox"/>	Light Industrial (up to 5,000 lb)	MB <input type="checkbox"/>	Generic Retail Meters	NO. OF Add'l Locations @ \$100.00 Each	+
WC <input type="checkbox"/>	Retail /Point of Sale/ECR	MC <input type="checkbox"/>	Hydrogen Dispensers	NO. OF Agents @ \$25.00 Each	+
WD <input type="checkbox"/>	Precision/Laboratory Balances	MD <input type="checkbox"/>	LPG Meters	<b>Total Remittance</b>	=
WE <input type="checkbox"/>	Postal/Parcel Scales	ME <input type="checkbox"/>	Vehicle Tank Meters	<b>MAKE CHECK PAYABLE TO:</b> CDFA 52004 <b>REMIT TO:</b> CDFA-CASHIER PO BOX 942872, SACRAMENTO, CA 94271-2872  <b>5. TO ENSURE TIMELY PROCESSING OF YOUR APPLICATION PLEASE INCLUDE:</b> ___ COMPLETED APPLICATION ___ APPLICABLE FEES  <b>New STANDARDS CERTIFICATION - CHECK ALL THAT APPLY:</b> ___ MY BUSINESS OWNS THE STANDARDS USED BY AGENTS ___ SUBMIT COPIES OF CALIBRATION REPORTS/ CERTIFICATES FOR ALL STANDARDS ___ I USE CERTIFIED STANDARDS OWNED BY SOMEONE ELSE DESCRIPTION: _____	
WF <input type="checkbox"/>	Wheel Load Weighers	MF <input type="checkbox"/>	CNG Meters		
WG <input type="checkbox"/>	Onboard Weighing Devices	MG <input type="checkbox"/>	Cryogenic Liquid Measuring		
WH <input type="checkbox"/>	Belt Conveyor Scales	MH <input type="checkbox"/>	Wholesale Liquid Meters		
WI <input type="checkbox"/>	Monorail (static and in-motion)	MI <input type="checkbox"/>	Milk Meters		
WJ <input type="checkbox"/>	Weighing System Software	MJ <input type="checkbox"/>	Water Meters		
WK <input type="checkbox"/>	Other Weighing Devices	MK <input type="checkbox"/>	Vapor Meters		
<i>If Other Weighing Devices is <input checked="" type="checkbox"/>, pls. describe:</i>		ML <input type="checkbox"/>	Electric Meters		
<b>Volume: Tanks or Compartments</b>		MM <input type="checkbox"/>	Electric Vehicle Charging		
VA <input type="checkbox"/>	Liquid Gauged	MN <input type="checkbox"/>	Stations Taximeters /		
VB <input type="checkbox"/>	Dry, Measured	MO <input type="checkbox"/>	Odometers Timing Devices		
VC <input type="checkbox"/>	Farm Milk Tanks	MP <input type="checkbox"/>	Grain Moisture Meters		
<b>Measures</b>		MQ <input type="checkbox"/>	Multi-Dimension Measuring		
VD <input type="checkbox"/>	Dry Measures	MR <input type="checkbox"/>	Measuring System Software		
VE <input type="checkbox"/>	Glass Graduate	MS <input type="checkbox"/>	Other Measuring Devices		
VF <input type="checkbox"/>	Linear	MT <input type="checkbox"/>	LNG Meters		
VG <input type="checkbox"/>	Liquid	<i>If Other Measuring Devices is <input checked="" type="checkbox"/>, pls. describe:</i>			
<p><i>By endorsing this document you agree to abide by all provisions of Division 5, Chapter 5.5 of the California Business &amp; Professions Code and Title 4, Division 9, Chapter 4 of the California Code of Regulations; <b>Including but not limited to, the use of certified standards in the course of the installation or repair of equipment.</b></i></p>					
<b>6. SIGNATURE:</b>				Printed Name	
Title	Date	Phone	Fax		
<b>For Office Use Only:</b>					
RC Number:	RC Date:	Amount Rec'd:	Postmark Date:	Processed By:	Standards Verification:

## SERVICE AGENCY APPLICATION WEIGHTS AND MEASURES

### PAGE 2 - FOR ADDITIONAL BRANCH LOCATIONS AND/OR AGENTS

7. PRIMARY MAINTENANCE LOCATION			9. AGENT INFORMATION	
7. STREET ADDRESS			(Print or Type Names)	
CITY	STATE	ZIP	1. NAME	
COUNTY			LICENSE NO.	
TELEPHONE			2. NAME	
TELEPHONE			LICENSE NO.	
8. ADDITIONAL MAINTENANCE LOCATION INFORMATION			3. NAME	
8 a. STREET ADDRESS			LICENSE NO.	
CITY	STATE	ZIP	4. NAME	
COUNTY			LICENSE NO.	
TELEPHONE			5. NAME	
TELEPHONE			LICENSE NO.	
8 b. STREET ADDRESS			6. NAME	
CITY	STATE	ZIP	LICENSE NO.	
COUNTY			7. NAME	
TELEPHONE			LICENSE NO.	
8 c. STREET ADDRESS			8 NAME	
CITY	STATE	ZIP	LICENSE NO.	
COUNTY			9. NAME	
TELEPHONE			LICENSE NO.	
8 d. STREET ADDRESS			10. NAME	
CITY	STATE	ZIP	LICENSE NO.	
COUNTY				
TELEPHONE				
Print additional copies of this page as needed				