ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

4425 West Olive Avenue, Suite # 134 Glendale AZ. 85302 www.azdwm.gov
Phone: 602-771-4920 or 1-800-277-6675 (Outside of Phoenix Metro)
Agency contact: Damien Desantiago (602) 771-4948
State Ombudsman 602-277-7292

DEVICE LICENSE APPLICATION / PLACED IN SERVICE REPORT

A.R.S. §41-2065

BUSINESS NAME:		STORE # :	BMF# (IF ISSUED):
PHYSICAL LOCATION:	CITY:	STATE AZ	ZIP CODE
CONTACT:	PHONE:	FAX:	E-MAIL
OWNER/ LICENSEE:	BILLING ADDRESS:	CITY:	ZIP CODE:
BILLING PHONE:	RSA AGENCY:	RSA #	RSR #

SELECT DEVICE TYPE	* DEVICE SERVICE CODES:	LOCATION CODES (Scales Only):	RSA EQUIPMENT SERIAL NUMBER (s):
◯ Scales ◯ Fueling Device ◯ LPG/Taxi	R: Repair N: New Location with New Devices A: Add a Device(s) O: Device(s) Removed	**R:** Register Number **B:** Bakery **M:** Meat Dept. **O:** Other **P:** Produce **D:** Deli	

	FEE CODE	SERVICE CODE	DEVICE MANUFACTURER	MODEL NUMBER	SERIAL NUMBER		LOCATION CODE	NTEP C of C NUMBER	TAG #

OWNER/LICENSEE I will abide by Arizona law pertaining to device use and licensing specified in ARS Title 41, Chapter 15 and ARS §28-4033 and I am subject to civil penalty if a violation occurs (ARS 41-2115).

OWNER/LICENSE NAME _____ SIGNATURE _____ DATE

RSR: I have complied with all Arizona legal requirements relating to the Department's RSA program and am subject to a civil penalty if a violation occurs (ARS 41-2115)

RSR NAME _____ SIGNATURE _____ DATE

INSTRUCTIONS FOR COMPLETING THE DEVICE LICENSE APPLICATION & PLACED IN SERVICE REPORT:

1. Complete the business name, contact and location information. Please indicate the BMF # if one has been previously issued.
2. Complete the Owner/Licensee information. If the Owner/Licensee is an INDIVIDUAL a Licensing Eligibility Form **MUST** be completed and submitted. This form is available online at www.azdwm.gov Click on "Forms" then on "Licensing Eligibility Requirements."
3. Complete the billing information. If the information is the same as the location information, you can indicate "same as above."
4. If a Registered Service Agency (RSA) is used, indicate the Agency name and the technician's RSR license number, who is installing or repairing the device.
5. Use a separate line to indicate pertinent information for each device. (Indicators should be shown as separate device, since they have a unique serial number.) FEE CODE, SERVICE CODE AND SERIAL NUMBER MUST BE COMPLETED FOR EACH DEVICE. NTEP NUMBERS ARE REQUIRED FOR ALL DEVICES INSTALLED AFTER 1-1-75. A TAG NUMBER IS REQUIRED FOR ALL TAGGED DEVICES BEING REPAIRED.
6. The RSR must indicate the equipment serial numbers of equipment used to install or repair the device. This equipment must have a current certification.
7. Both the Owner/Licensee and RSR must sign the form. The Owner/Licensee must also date the form.
8. Additional forms can be used when there are more than 10 devices. Indicate the number of total pages, where indicated at the lower right of the form.
9. Completed forms must be sent to the Department within 7 days of the service date.
10. When an RSR is replacing a device, the serial number of the obsolete device must be noted. Use service code "O" for devices that have been replaced.
11. USE CORRECT SERVICE CODES, such as service code "A" for devices that have been added.
12. **FEE CODE SCHEDULES CAN BE OBTAINED FROM THE DEPARTMENT WEBSITE AT www.azdwm.gov UNDER BUSINESS: DEVICE LICENSING**

VIOLATIONS AND ENFORCEMENT ACTION:

The device Owner/Licensee is responsible for the accuracy of the device. A civil penalty may be issued to the Licensee if the device is inaccurate. A civil penalty may be issued to the RSR if this form is incomplete, incorrect or not timely submitted to the Department.

Pursuant to A.R.S. §41-1079, the following information is provided to the Owner/Licensee for a commercial device license:

APPLICATION PROCESS:

A license is required for any commercial weighing device. The license must be obtained within 30 days following the first day of commercial use for original installations (of each device). On transfer of a license, new licensees shall notify the Department of the licensee's name and address and the location of the device(s). NTEP-approved devices shall be the only devices allowed for commercial use. The Department or any Registered Service Agency has a listing of NTEP-approved devices.

The Device License Application & Placed in Service Report must be completed and signed by the Owner/Licensee and submitted to the Department within 7 days of the service date. A Registered Service Agent or Department Inspector can complete the license application detail for the Owner/Licensee. However, the Owner/Licensee must sign the application acknowledging the information and certifying to abide by pertinent laws and administrative rules.

The Department will review the application and process it according to licensing time frame rules. The Licensee will be billed for the device(s) and must remit the amount in full prior to the license being issued.

LICENSING TIMEFRAMES (Reflects maximum time allowed by AAC R20-2-108):

Administrative Review Timeframe: 10 days
Time to Respond to Deficiency Notice: 20 days
Substantive Review Time Frame: 30 days
Time to Respond to Request for Additional Information (Business): 20 days
Overall Time Frame: 40 days

AGENCY CONTACT PERSON FOR LICENSING ASSISTANCE:

TECHNICAL AND COMPLIANCE DEVICE QUESTIONS: Damian Desantiago 602-771-4948
LICENSING QUESTIONS: Sara Kumaraswamy 602-771-4935
STATE OMBUDSMAN: 602-277-7292