



ARIZONA DEPARTMENT of WEIGHTS and MEASURES

4425 West Olive Avenue, Suite #134, Glendale, AZ 85302 www.azdwm.gov
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State Ombudsman 602-277-7292

DEVICE LICENSE APPLICATION/PLACED IN SERVICE REPORT

A.R.S. §41-2065

SERVICE DATE: []

BUSINESS NAME: [] STORE #: [] BMF #: [] (if issued)
PHYSICAL LOCATION: [] CITY: [] ZIP: []
CONTACT: [] PHONE: [] FAX: [] E-MAIL: []
BILLING ADDRESS: [] CITY: [] ZIP: []
BILLING PHONE: [] RSA AGENCY NAME: [] RSR#: []

Table with 11 columns: Device Fee Code, Device Service Code (see below), Device Manufacturer, Device Model #, Device Serial # (Required for All Devices), Indicator Serial # (Scales only), Location Code (see below), Pump #'s (Fueling Devices), Vehicle Lic. Plate # (LPG/Taxis), NTEP C OF C #'s (Required for All Devices), Tag #

SERVICE CODES: R: Repair, A: Add Device(s), N: New Location with New Devices, O: Device(s) Removed
LOCATION CODES (Scales Only): R: Register No., D: Deli, B: Bakery, M: Meat Dept., P: Produce, O: Other
RSA EQUIPMENT SERIAL #'s (Used for Test)

BUSINESS: I will abide by all Arizona legal requirements of ARS §41-2064, ARS §28-4033 regarding device licensing and use and am subject to a civil penalty if a violation occurs (ARS 41-2115).

Signature [] Print Name [] 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).

Signature [] Print Name [] Date []