



Florida Department of Agriculture and Consumer Services
Division of Consumer Services, Bureau of Standards

**APPLICATION FOR REGISTRATION/
AUTHORIZED SERVICE AGENCY**

Section 531.41(7), Florida Statutes

**NICOLE "NIKKI" FRIED
COMMISSIONER**

3125 Conner Blvd., Lab #2, MS L-2, Tallahassee, Florida 32399-1650
Phone: 850-921-1545 · Fax: 850-921-1548

Business Name: _____ Date: _____

Business Address: _____
(P.O. Box or Street) (City) (State) (Zip)

FEID#: _____ Office Phone: (____) _____ Email Address: _____

TYPE DEVICES QUALIFIED TO SERVICE: _____

TEST STANDARDS AVAILABLE

(For Scale Company List by Denomination, for Taximeter Company List Location of Measured Course)

DATE TEST STANDARDS CALIBRATED (Must be submitted at least every two years.) _____

BY WHOM: _____

If this application is approved and if this company is registered as an **AUTHORIZED SERVICE AGENCY**, I hereby agree to the following: I will not knowingly place a weighing or measuring device in service that does not meet all the requirements of the Florida Weights & Measures Law and Rules/regulations promulgated under the authority granted therein. **I will repair, adjust, or replace, at no additional cost to the owner, any device put in service in the past 30 days by this company which a State Inspector finds not to comply with the law.** This company will not take unfair advantage of an owner of a weighing or measuring device who is required to have it repaired or replaced in order to meet the requirements of the law. This company will notify the Bureau of Standards, 3125 Conner Blvd., Mail Stop L-2, Tallahassee, Florida 32399-1650 by sending in a completed **Placed In Service Report** every time this company places in service a device that has been repaired, adjusted, sold or installed for commercial use. I understand that the Commissioner of Agriculture may cancel our registration for just cause hereby revoking our authority to break state seals and place devices in service.

Signature of Company Representative responsible for the repair
service of above company:

Signature

Print Name/Title

FOR OFFICIAL USE ONLY

☐ Accepted

☐ Rejected

Inspector

Remarks _____

Approved by _____

Title _____ Date Approved _____