## ARIZONA DE 4425 West Olive

## **ARIZONA DEPARTMENT of WEIGHTS and MEASURES**

## DEVICE LICENSE APPLICATION/PLACED IN SERVICE REPORT

4425 West Olive Avenue, Suite #134, Glendale, AZ 85302 www.azdwm.gov

Phone: 602-771-4920 Fax: 602-255-1950 or 1-800-277-6675 (OUTSIDE Phoenix metro)

State Ombudsman 602-277-7292

A.R.S. §41-2065

State Ombudsman 602-211-1292						SERVICE DATE:					
BUSINESS NAME: PHYSICAL LOCATION: CONTACT:						STORE #:		BMF#:		(if issue	ed)
					CITY:			ZIP:			
		PHONE:				FAX:					
BILLING ADDRESS: BILLING PHONE:						CITY:			ZIP:		
		RSA AGENCY NAME:									
Device Fee Code	Device Service Code	Device Many footures	Device	Device Serial # (Required for All Devices)	Indicator Serial #	Location Code	Pump #'s (Fueling	Vehicle Lic. Plate # (LPG/Taxis)	NTEP C OF ( (Required for Devices)	r All	Tog #
ree Code	(see below)	Manufacturer	Model #	All Devices)	(Scales only)	(see below)	Devices)	(LPG/Taxis)	Devices)	$\dashv$	Tag #
										$\dashv$	
										+	
SERVICE CODES:				1	OCATION CODES	(Scales Only):		RSA EQUIPMENT SERIAL #'s			
R: Repair  N: New Location with New Devices			R: Register No.		M: Meat Dept.		1	(Used for Test)			
A: Add Device(s)		O: Device(s) Removed		D: Deli		P: Produce					
				B: Bakery		O: Other					
DIICINECC. I	will abide by all A	rizona legal requirements of A	DC 844 2064	NDC 829 4022 regardia	na daviaa liaansin	a and use and am	subject to a cir	vil papalty if a vic	eletion coours (	ADS 41.5	2115)
BUSINESS. I	will ablue by all A	nzona legal requirements of A	11.3 941-2004, 7		ig device licerisii	g and use and an	i subject to a ci	vii penaity ii a vic	nation occurs (A	113 41-2	113).
Signature			Print Name				Date				
RSR: I have c	complied with all A	Arizona legal requirements rela	ating to the De	partment's RSA progr	am and am subje	ct to a civil penalt	y if a violation o	occurs (ARS 41-2	l15).		
Signature			]	Print Name				Date			
DWM-38 (rev 8-07) ORIGINAL - DEPT (Mail within 7 days of service date				te)		YELLOW: RSR	PINK: Business		Page of		