



ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

4425 West Olive Avenue, Suite 134, Glendale, Arizona 85302

(602) 255-5211 FAX (602) 255-1950 1-800-277-6675

ARIZONA CBG INDEPENDENT LABORATORY REGISTRATION FORM

One registration form is required for each corporate registering independent laboratory. This registration form must be submitted to the above address prior to assignment of user Id. and access code. Changes to this information must be submitted to the DWM in order to maintain your registration.

Section I. Laboratory Corporate Information

Business Name, Address, Authorized Agent's Name, Telephone/FAX.

| | | | | |
|----------------|-----------|------|-------------|----------|
| Corporate Name | Address | City | State | Zip Code |
| Contact Name | Telephone | FAX | Account No. | |

Designated On-line Reporting Contact Information

(This individual will be sent a User Id. and access code for on-line reporting by the laboratories)

| | | |
|---|-----------|---------------|
| Designated On-line Reporting Contact | Telephone | Email address |
|---|-----------|---------------|

Section II. Individual Laboratory Information

1)

| | | | | |
|-----------------|---------|------|-------|----------|
| Laboratory Name | Address | City | State | Zip Code |
|-----------------|---------|------|-------|----------|

| | | | |
|--------------|-----------|-----|---------|
| Contact Name | Telephone | FAX | BMF No. |
|--------------|-----------|-----|---------|

2)

| | | | | |
|-----------------|---------|------|-------|----------|
| Laboratory Name | Address | City | State | Zip Code |
|-----------------|---------|------|-------|----------|

| | | | |
|--------------|-----------|-----|---------|
| Contact Name | Telephone | FAX | BMF No. |
|--------------|-----------|-----|---------|

3) _____
Laboratory Name Address City State Zip Code

Contact Name Telephone FAX BMF No.

4) _____
Laboratory Name Address City State Zip Code

Contact Name Telephone FAX BMF No.

5) _____
Laboratory Name Address City State Zip Code

Contact Name Telephone FAX BMF No.

6) _____
Laboratory Name Address City State Zip Code

Contact Name Telephone FAX BMF No.

Section III. Statement of Consent.

I hereby certify and attest that I have the authority to act on behalf of and bind

(Business Name), and that the information provided is
true and accurate to the best of my knowledge. On behalf of

(Business Name), I hereby provide consent to the
Arizona Department of Weights and Measures or its authorized agent to collect samples and assess
documentation and records as provided in Arizona Administrative Code Rule R20-2-721. I agree
that changes to any information provided in this registration form will be sent to the Director of the
Arizona Department of Weights and Measures not later than ten calendar days after the effective
date of the change.

Signature

Printed Name

Position

Business Name

Date

For Department Use Only

Date Received:

Date Processed: