

Florida Department of Agriculture and Consumer Services  
Division of Consumer Services



NICOLE "NIKKI" FRIED  
COMMISSIONER

**REQUEST FOR APPROVAL OF  
ALTERNATIVE SECURITY MEASURE**

Section 525.07, Florida Statutes  
Rule 5J-21.009, Florida Administrative Code

Phone: (850) 921-1545 • Fax: (850) 921-1548

Submit request and any supporting  
documentation to:

Bureau of Standards  
3125 Conner Blvd., Bldg. #2, L-2  
Tallahassee, FL 32399-1650  
Standards-Field@FDACS.gov

Note: All documents and attachments submitted with this request may be subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT.

**Owner/Manager Information**

**1. Name of Owner or Manager of Retail Petroleum Fuel Measuring Device(s):**

\_\_\_\_\_

**2. Mailing Address (include APT or SUITE # in all address lines):**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Telephone Number:**

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Email Address:**

\_\_\_\_\_

**4. Physical Address of Device (if requesting approval to use the same alternative security measure at multiple addresses, please provide a list of each physical address on a separate page and attach it to this form):**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Alternative Security Measure**

**5.** Please provide a description of the proposed security measure's functions and operations, including pictures or diagrams that would allow a department inspector to identify the security measure during an inspection. Attach additional pages as necessary. The department will approve or deny this request in accordance with the parameters set forth in Rule 5J-21.009, F.A.C.

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