WILTON SIMPSON COMMISSIONER

Florida Department of Agriculture and Consumer Services Division of Consumer Services

## WEIGHING AND MEASURING DEVICE

 PERMIT APPLICATIONSection 531.62, F.S.; Rule 5J-22.006, F.A.C. (850) 921-1590 (850) 410-3804 Fax CSCompliance@FDACS.gov

Submit and Pay Online at www.FDACS.gov
or
Make check or money order payable to FDACS and remit with application to:

FDACS
PO Box 6700
Tallahassee, FL 32314-6700

FACILITY ID\#: $\qquad$ (For FDACS Use Only)

BUSINESS NAME: $\qquad$
DOING BUSINESS AS: $\qquad$
DEVICE LOCATION ADDRESS: $\qquad$
CITY: $\qquad$ STATE: $\qquad$ ZIP: $\qquad$
BILLING ADDRESS (if different): $\qquad$
CITY: $\qquad$ STATE: $\qquad$ ZIP: $\qquad$

## BUSINESS OWNERSHIP INFORMATION

## BUSINESS TYPE: (CHECK ONE)

 FEDERAL EMPLOYER ID (FEID): $\qquad$ EMAIL: $\qquad$BUSINESS PHONE \#: $\qquad$ DEVICE LOCATION PHONE \#: $\qquad$
IS THIS A NEW PERMIT?YESNO

IS THIS APPLICATION BEING USED FOR NEW DEVICES TO BE ADDED TO AN EXISTING W\&M PERMIT?YES $\square$ NO

If yes, please indicate the existing permit number $\qquad$ .

This application for permit applies only to the total number of specific device types listed on page 2. I confirm that this applicant is aware of and complies with all of the requirements of ss. $531.60-531.66$, F.S., and Rule $5 \mathrm{~J}-22.006$, F.A.C., and I am authorized to execute this application on behalf of the above-named entity or individual.

PRINT/TYPE NAME OF APPLICANT: $\qquad$

SIGNATURE*: $\qquad$
TITLE:
*PERMIT WILL NOT BE ISSUED WITHOUT A SIGNATURE.

[^0]DATE: $\qquad$

PERMIT WORKSHEET ON PAGE 2 MUST BE COMPLETED AND SUBMITTED WITH APPLICATION.

$$
\begin{array}{ll}
\text { Org. Code: } 42100625000 & \\
\text { EO: A2 } \\
\text { Object Code: } 002301 & \text { varies } \\
012030 & \$ 100
\end{array}
$$

FACILITY ID\#: $\qquad$ (For FDACS Use Only)
Permit Fee Worksheet Directions: Insert the number of each device type and calculate fee.

| DEVICE TYPE | NUMBER OF DEVICES |  | FLAT RATE FEE | AMOUNT |
| :---: | :---: | :---: | :---: | :---: |
| 1a) WEIGHING DEVICE - 0 to 100 lb . capacity: 1 to 5 at location |  |  | \$ 45.00 |  |
| 1b) WEIGHING DEVICE - 0 to 100 lb . capacity: 6 to 10 at location |  |  | \$130.00 |  |
| 1c) WEIGHING DEVICE - 0 to 100 lb . capacity: 11 to 30 at location |  |  | \$185.00 |  |
| 1d) WEIGHING DEVICE - 0 to 100 lb . capacity: 31 or more at location |  |  | \$235.00 |  |
| 2a) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 1 to 5 at location |  |  | \$ 40.00 |  |
| 2b) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 6 to 10 at location |  |  | \$125.00 |  |
| 2c) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 11 to 30 at location |  |  | \$175.00 |  |
| 2d) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute > 30 at location |  |  | \$225.00 |  |
| DEVICE TYPE | NUMBER OF DEVICES |  | FEE PER DEVICE | AMOUNT |
| 3a) SCALES - Greater than 100 lb . up to \& including 250 lb . capacity |  | X | \$ 45.00 each = |  |
| 3b) SCALES - Greater than 250 lb . up to \& including $5,000 \mathrm{lb}$. capacity |  | X | \$ 80.00 each = |  |
| 4) SCALES - Greater than $5,000 \mathrm{lb}$. up to and including $20,000 \mathrm{lb}$. capacity |  | X | \$175.00 each = |  |
| 5) SCALES - Greater than $20,000 \mathrm{lb}$. |  | X | \$225.00 each = |  |
| 6) DIESEL EXHAUST FLUID MEASURING DEVICES |  | X | \$ 40.00 each = |  |
| 7) ALTERNATIVE FUEL MEASURING DEVICES (CNG, LNG, electric vehicle charging, hydrogen) |  | X | \$100.00 each = |  |
| 8) MASS FLOW METERS Max flow rate < or = 150 lb . per minute |  | X | \$100.00 each = |  |
| 9) MASS FLOW METERS Max flow rate > 150 lb . per minute |  | X | \$250.00 each = |  |
| 10) VOLUMETRIC METERS Max flow rate > 10 < or $=20$ gal per minute |  | X | \$ 40.00 each = |  |
| 11) VOLUMETRIC METERS Max flow rate > 20 gal per minute |  | X | \$ 80.00 each = |  |
| 12) LP GAS BULK DELIVERY VEHICLES WITH A METER |  | X | \$150.00 each = |  |
|  |  |  | SUBTOTAL |  |
| LATE FEES - All late fees will be due immediately upon expiration of permit. |  |  | \$100.00 |  |
|  |  |  | TOTAL DUE |  |
| Check here if applying for a TWO-YEAR permit. Multiply subtotal X2, adding late fee, if applicable. |  |  | TWO YEAR PERMIT FEE TOTAL |  |


[^0]:    F\&A Use Only

