STATINENT OF COR	Florida Department of Agriculture and Consumer Services Division of Consumer Services	Submit and Pay Online at www.FDACS.gov or				
	WEIGHING AND MEASURING DEVICE PERMIT APPLICATION	Make check or money order payable to FDACS and remit with application to:				
WILTON SIMPSON COMMISSIONER	Section 531.62, F.S.; Rule 5J-22.006, F.A.C.	FDACS PO Box 6700				
	(850) 921-1590 (850) 410-3804 <i>Fax</i> CSCompliance@FDACS.gov	Tallahassee, FL 32314-6700				
FACILITY ID#:	(For FDACS Use Only)					
BUSINESS NAME:						
DOING BUSINESS	AS:					
DEVICE LOCATION ADDRESS:						
CITY:	STATE:	ZIP:				
BILLING ADDRESS (if different):						
CITY:	STATE:	ZIP:				
BUSINESS OWNERSHIP INFORMATION						
BUSINESS TYPE: (CHECK ONE)						
Corporation	LLC Partnership Limited Partnership LLP Sole Pro	prietor 🗌 Other				
FEDERAL EMPLOYER ID (FEID): EMAIL:						
BUSINESS PHONE	BUSINESS PHONE #: DEVICE LOCATION PHONE #:					
IS THIS A NEW PERM						
IS THIS APPLICATION BEING USED FOR NEW DEVICES TO BE ADDED TO AN EXISTING W&M PERMIT?						
If yes, please indicate the existing permit number						
	e the existing permit number	RMIT? 🗌 YES 🗌 NO				
applicant is aware of	te the existing permit number permit applies only to the total number of specific device types listed on pa f and complies with all of the requirements of ss. 531.60 - 531.66, F.S., and to execute this application on behalf of the above-named entity or individu	age 2. I confirm that this I Rule 5J-22.006, F.A.C.,				
applicant is aware of and I am authorized	permit applies only to the total number of specific device types listed on pa f and complies with all of the requirements of ss. 531.60 - 531.66, F.S., and	age 2. I confirm that this I Rule 5J-22.006, F.A.C., al.				
applicant is aware of and I am authorized PRINT/TYPE NAME	permit applies only to the total number of specific device types listed on partial applies with all of the requirements of ss. 531.60 - 531.66, F.S., and to execute this application on behalf of the above-named entity or individu	age 2. I confirm that this I Rule 5J-22.006, F.A.C., al.				
applicant is aware of and I am authorized PRINT/TYPE NAME SIGNATURE*:	permit applies only to the total number of specific device types listed on particular to execute this application on behalf of the above-named entity or individu	age 2. I confirm that this I Rule 5J-22.006, F.A.C., al.				
applicant is aware of and I am authorized PRINT/TYPE NAME SIGNATURE*: TITLE:	permit applies only to the total number of specific device types listed on partial applies with all of the requirements of ss. 531.60 - 531.66, F.S., and to execute this application on behalf of the above-named entity or individu OF APPLICANT: DATE: DATE:	age 2. I confirm that this I Rule 5J-22.006, F.A.C., al.				
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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			FEE PER DEVICE	AMOUNT
3a) SCALES – Greater than 100 lb. up to & including 250 lb. capacity		х	\$ 45.00 each =	
3b) SCALES – Greater than 250 lb. up to & including 5,000 lb. capacity		Х	\$ 80.00 each =	
4) SCALES – Greater than 5,000 lb. up to and including 20,000 lb. capacity		Х	\$175.00 each =	
5) SCALES – Greater than 20,000 lb.		Х	\$225.00 each =	
6) DIESEL EXHAUST FLUID MEASURING DEVICES		х	\$ 40.00 each =	
7) ALTERNATIVE FUEL MEASURING DEVICES (CNG, LNG, electric vehicle charging, hydrogen)		х	\$100.00 each =	
8) MASS FLOW METERS Max flow rate < or = 150 lb. per minute		х	\$100.00 each =	
9) MASS FLOW METERS Max flow rate > 150 lb. per minute		х	\$250.00 each =	
10) VOLUMETRIC METERS Max flow rate >10 < or = 20 gal per minute		х	\$ 40.00 each =	
11) VOLUMETRIC METERS Max flow rate > 20 gal per minute		х	\$ 80.00 each =	
12) LP GAS BULK DELIVERY VEHICLES WITH A METER		х	\$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	