REGISTERED SERVICE AGENCY REPORT
For Commercial Weighing or Measuring Devices

Failure to notify the County within 24 hours is a violation of BPC 12515 and BPC 12532

Registered Service Agency

*Name		Phone	
*Address		*Agent Name	
*City, ST, Zip		*License #	

Device Ownership

*Name			
*Address			
*City			
*State		*Zip	
Phone			
*Contact Name			
*Contact Email			

Device Location

*Co. Name			
*Address			
*City			
*State		*Zip	
*County			
Phone			
*Date Repaired or Placed in Service			

Device Information

*Device ID (i.e., pump or check stand #)	*Device Manufacturer	*Model Number	*Serial Number	*NTEP CC Number (device or component)	Type of Device (capacity if applicable)

Remarks:

**** REQUIRED INFORMATION*** ***Reference: California Code of Regulations, Title 4, Division 9, Chapter 4, Section 4085 (a)(2)***

Link to county contact information:

http://www.cdfa.ca.gov/exec/county/documents/countycommissionersealercontactinfo.pdf

Please email the completed form to agcom@co.imperial.ca.us and include your service agency name in the subject line.

For more information, please call our office at (442) 265-1500 or visit our website at agcom.imperialcounty.org