



ROBERT G. ATKINS  
 AGRICULTURAL COMMISSIONER  
 SEALER OF WEIGHTS & MEASURES

**County of San Diego**  
**Department of Agriculture, Weights And Measures**  
 5555 Overland Ave., Suite 3101, San Diego CA 92123-1256  
 Phone : 858-694-2778, Fax : 858-505-6484, Web: www.sdcawm.org

Certificate Period

Expires

**Annual Registration Application**

- New**                       **Renewal**                       **Change of Ownership**  
 **Revision:**                       **Add Device(s)**                       **Delete Device(s)**

**Certificate #:** \_\_\_\_\_

Name and Mailing Address: \_\_\_\_\_

If Mailing Address is incorrect, please make corrections:

Business Name: \_\_\_\_\_

Mailing Street Address: \_\_\_\_\_

P.O. Box (if preferred): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Print Owner's Names (s) (Required): \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Device Location: \_\_\_\_\_

If Location Address is incorrect, please make corrections:

(Do NOT use P.O. Box)

Device Location: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

**Owners - Please check one box.**     Corporation     Partnership     Individual

Our records indicate that the following number of Devices are located at the above location:

**Measuring/Weighing Devices**

#Devices	Description [Code]	Fee Type
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Please indicate any corrections and due \* with fee schedule on the reverse side of this application.

**AMOUNT DUE:** \_\_\_\_\_

If no corrections, please pay **BALANCE DUE** above. **WRITE CHECK #** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **AMOUNT: \$** \_\_\_\_\_

**IF NOT RECEIVED BY THE DUE DATE, THE FEES INCLUDING LATE PENALTIES WILL BE ASSESSED AS FOLLOWS:**  
**Note: A late payment penalty of 50% of the original fee will be assessed after 30 days from the due date and each 30 days thereafter until full payment is received up to a maximum of 200% late payment penalty.**

\*If corrections needed, please enter the **TOTAL NUMBER** of devices at this location: \_\_\_\_\_

\*Please enter the corrected amount of your remittance for all devices: \_\_\_\_\_

Make check or money order payable to the: County of San Diego

**Send check or money order for total fee with this completed application to:**

5555 Overland Avenue - Suite 3101

San Diego, California 92123-1256

I certify that the information submitted in this application is true and correct.

Date

Print name of authorized representative

Signature