

# REGISTRATION FOR WEIGHING & MEASURING DEVICES

(Valid January 1 thru December 31)

COUNTY OF RIVERSIDE  
DIVISION OF WEIGHTS AND MEASURES  
PO BOX 1089 RIVERSIDE, CA 92502

BILLING DEPT.: (951) 955-3002  
GENERAL INFO.: (951) 955-3030  
FAX: (951) 276-4728

Each location or vehicle must have a separate registration form

Name of Business:	_____	Date:	_____
Physical Address:	_____	City:	_____ Zip: _____
Location Contact Name:	_____	Phone:	_____
Owner/Corp. Name:	_____	Phone:	_____
Billing Address:	_____	City:	_____ Zip: _____
Billing Department Contact Name:	_____	Phone:	_____
Corporation/LLC/LP registration number:	_____	State of Jurisdiction:	_____ :Date of File: _____
Agent for Service:	_____	Phone:	_____
<small>(Name of person in California authorized to accept service of process)</small>			
Mailing Address:	_____	City:	_____ Zip: _____
<small>(Address of person in California authorized to accept service of process)</small>			
1) Type of Device:	_____	Number of Devices:	_____
2) Type of Device:	_____	Number of Devices:	_____
3) Type of Device:	_____	Number of Devices:	_____
Vehicle (if applicable): License Plate:	_____	Year/Make/Model:	_____
Remarks:	_____		
Owner/Agent Signature:	_____	Print Name:	_____

**METERS:** Compressed Natural Gas, Electric sub-meters, Fabric/Cordage/Wire, Grease & Lube Oil, Liquefied Gas, Odometer, Retail Motor Fuel, Retail, Retail Water, Tanks (liquid), Taxi, Vapor sub-meters, Vehicle, Water sub-meters, Wholesale, Timing, Non Commercial

**SCALES:** Computing, Counter, Crane, Dormant <2000, Dormant 2000<10000, Dormant =>10000, Hanging <2000, Hanging 2000<10000, Hopper Tank <2000, Hopper Tank 2000>10000, Livestock <2000, Livestock =2000<10000, Livestock =>10000, Monorail & Meat Beam, Portable Platform <2000, Portable Platform 2000>10000, Portable Platform =>10000, Prescription/Jewelers, Railway, Vehicle, Misc-Belt Conveyor, Misc-Axle Load, Non Commercial, Reverse Vending

<b>FOR COUNTY USE ONLY</b>			
Permit Number:	_____	Fee Amount: \$	_____
New _____	Change _____	OOB _____	Ord. #599 _____
District:	_____		
Info:	_____		
Inspector:	_____	Date:	_____