



DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES

311 Fair Lane Placerville, CA 95667 (530) 621-5520 (530) 626-4756 FAX eldcag@edcgov.us

WEIGHTS & MEASURES CANNABIS DEVICE PERMIT APPLICATION

OWNERS NAME: _____ PHONE NUMBER _____

OWNER ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

BUSINESS INFORMATION

BUSINESS NAME _____

BUSINESS LOCATION _____

MAIL TO ADDRESS IF DIFFERENT FROM ABOVE:

ADDRESS _____

CITY _____ STATE _____ ZIPCODE _____

TOTAL NUMBER OF REGULATED WEIGHING AND MEASURING DEVICES

TYPE _____ AMOUNT _____

SCALE BRAND/COMPANY _____ MODEL # _____

CERTIFICATION: I, _____, am the legal
(print name)

Owner/agent of the regulated weighing or measuring device(s) for which this application is submitted. I certify under penalty of perjury that the information provided by me on this form and attachments hereto is complete and accurate to the best of my knowledge. I understand that it is my responsibility to notify weights and measures officials of any changes in ownership and/or any changes to the number and type of device(s) declared in this application. I have read/reviewed the information provided by the El Dorado County Weights & Measures Department for scales used for commercial purposes and scales used for Cannabis weighing.

Signature of Owner/Agent

Date