

PLEASE REMEMBER ALL PAYMENTS MUST INCLUDE THE DEVICE PERMIT APPLICATION. If you did not receive a renewal it can be found on our website at www.agri.ohio.gov. Go to forms, Weights & Measures and it is the first form.

A person who is issued a permit under this section and who seeks to renew that permit shall pay an annual permit renewal fee of **\$75 Per Device**.

****NOTE**** Fees must be paid by August 30th or they incur a \$20 late fee **PER DEVICE**.

Fees may be paid with a Check or Money Order. Checks should be payable to "Treasurer State of Ohio". **Please note that payments that do not have the proper amount will be returned.**

Mail to:

Ohio Department of Agriculture
Division of Weights & Measures
8995 East Main St., Bldg. #5
Reynoldsburg, OH 43068

You may email your application and additional pages if applicable to weights@agri.ohio.gov then call 614-728-6290 to provide Master Card, Visa or Discover payments. You may also fax your application to 614-728-6424.

DO NOT EMAIL CREDIT CARD INFORMATION. ALL STATE EMAILS ARE PUBLIC RECORDS FOR 4 YEARS.

Applications should include: Should you need additional space you may use an excel spreadsheet or other document attached to the applications.

Name, address of device, city, state, zip code, phone number, email address and mailing address if different than location address.

Check if New Permit or Renewal

Number of devices in each category if new or total number of renewals. This is located on the top right side of application.

Serial numbers if different from renewal application.

Total payment

Signature - Required

If you no longer own the device please write on the application no longer own or in use.

Sign and date and return to be removed.

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 614-728-6290
 614-728-6424 Fax
 Email: weights@agri.ohio.gov



Date Received:	_____
Amount Received:	_____
Check Number:	_____
Permit Number:	_____
Initials: _____	Date: _____

CREDIT CARDS NOW ACCEPTED. Email Application then Call 614-728-6290 to pay.

WEIGHING AND MEASURING DEVICE REGISTRATION FEE 2017 - 2018

Company/Owner Name _____
 Scale Location _____
 City, State, Zip _____
 Telephone Number _____
 Email: _____
 Mailing Address _____
 If Different from Location _____

PLEASE CHECK ALL THAT APPLY	
New Permit	<input type="checkbox"/>
Permit Renewal	<input type="checkbox"/>
Replacement \$10 Each	<input type="checkbox"/>

SECTION BELOW FOR NEW DEVICES ONLY

WEIGHING DEVICE	NO.	FEE	AMOUNT	MEASURING DEVICE	NO.	FEE	AMOUNT
Livestock Scale		\$75		Vehicle Tank Meters		\$75	
Vehicle Scale		\$75		Bulk Rack Meters		\$75	
Railway Scale		\$75		LPG Meter		\$75	
TOTAL WEIGHING DEVICE PERMIT FEE:			<input type="text"/>	TOTAL MEASURING DEVICE PERMIT FEE:			<input type="text"/>

Device Serial Number(s) or Permit Number(s)

If additional space is needed for Serial/Permit Numbers please attach on a separate sheet.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

Signature _____ Date _____

TOTAL PERMIT FEE SUBMITTED:

\$ <input type="text"/>
Make checks payable to: "Treasurer State of Ohio"

****TO ENSURE PROPER CREDIT RETURN THIS FORM WITH YOUR CHECK TO THE ADDRESS LISTED ABOVE.****

ALL PERMIT FEES MUST BE SUBMITTED WITH THIS APPLICATION BY JUNE 30, 2017.

A \$20 LATE FEE PER DEVICE WILL BE ASSESSED IF RECEIVED AFTER JUNE 30th