



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

**WEIGHING AND MEASURING DEVICE
PERMIT APPLICATION**

Section 531.62, F.S.; Rule 5J-22.006, F.A.C.

(850) 921-1590 (850) 410-3804 Fax
CSCompliance@FDACS.gov

Submit and Pay Online
at www.FDACS.gov

or

Make check or money order
payable to FDACS and remit
with application to:

FDACS
PO Box 6700
Tallahassee, FL 32314-6700

FACILITY ID#: _____ (For FDACS Use Only)

BUSINESS NAME: Orange County, FL

DOING BUSINESS AS: _____

DEVICE LOCATION ADDRESS: 6021 Conway Rd.

CITY: Orlando

STATE: FL

ZIP: 32812

BILLING ADDRESS (if different): Administrative Services, Fiscal and Operational Support 400 East South Street, 5th Floor

CITY: Orlando

STATE: FL

ZIP: 32801

BUSINESS OWNERSHIP INFORMATION

BUSINESS TYPE: (CHECK ONE)

Corporation LLC Partnership Limited Partnership LLP Sole Proprietor Other

FEDERAL EMPLOYER ID (FEID): 596000773

EMAIL: richard.steiger@ocfl.net

BUSINESS PHONE #: 407-836-7473

DEVICE LOCATION PHONE #: 407-254-9200

IS THIS A NEW PERMIT? YES NO

IS THIS APPLICATION BEING USED FOR NEW DEVICES TO BE ADDED TO AN EXISTING W&M PERMIT? YES NO

If yes, please indicate the existing permit number _____.

This application for permit applies only to the total number of specific device types listed on page 2. I confirm that this applicant is aware of and complies with all of the requirements of ss. 531.60 - 531.66, F.S., and Rule 5J-22.006, F.A.C., and I am authorized to execute this application on behalf of the above-named entity or individual.

PRINT/TYPE NAME OF APPLICANT: Jerry L. Demings

SIGNATURE*: _____

DATE: _____

TITLE: Orange County Mayor

PERMIT WORKSHEET ON PAGE 2 MUST BE
COMPLETED AND SUBMITTED WITH APPLICATION.

***PERMIT WILL NOT BE ISSUED WITHOUT A SIGNATURE.**

F&A Use Only

Org. Code: 42 10 06 25 000

EO: A2

Object Code: 002301

varies

012030

\$100

FACILITY ID#: _____ (For FDACS Use Only)

Permit Fee Worksheet Directions: Insert the number of each device type and calculate fee.

DEVICE TYPE	NUMBER OF DEVICES		FLAT RATE FEE	AMOUNT
1a) WEIGHING DEVICE - 0 to 100 lb. capacity: 1 to 5 at location			\$ 45.00	
1b) WEIGHING DEVICE - 0 to 100 lb. capacity: 6 to 10 at location			\$130.00	
1c) WEIGHING DEVICE - 0 to 100 lb. capacity: 11 to 30 at location			\$185.00	
1d) WEIGHING DEVICE - 0 to 100 lb. capacity: 31 or more at location			\$235.00	
2a) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 1 to 5 at location			\$ 40.00	
2b) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 6 to 10 at location			\$125.00	
2c) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute 11 to 30 at location			\$175.00	
2d) VOLUMETRIC DEVICE Max flow rate < or = 10 gal per minute > 30 at location			\$225.00	
DEVICE TYPE	NUMBER OF DEVICES		FEE PER DEVICE	AMOUNT
3a) SCALES – Greater than 100 lb. up to & including 250 lb. capacity		X	\$ 45.00 each =	
3b) SCALES – Greater than 250 lb. up to & including 5,000 lb. capacity		X	\$ 80.00 each =	
4) SCALES – Greater than 5,000 lb. up to and including 20,000 lb. capacity		X	\$175.00 each =	
5) SCALES – Greater than 20,000 lb.		X	\$225.00 each =	
6) DIESEL EXHAUST FLUID MEASURING DEVICES		X	\$ 40.00 each =	
7) ALTERNATIVE FUEL MEASURING DEVICES (CNG, LNG, electric vehicle charging, hydrogen)	1	X	\$100.00 each =	100.00
8) MASS FLOW METERS Max flow rate < or = 150 lb. per minute		X	\$100.00 each =	
9) MASS FLOW METERS Max flow rate > 150 lb. per minute		X	\$250.00 each =	
10) VOLUMETRIC METERS Max flow rate >10 < or = 20 gal per minute		X	\$ 40.00 each =	
11) VOLUMETRIC METERS Max flow rate > 20 gal per minute		X	\$ 80.00 each =	
12) LP GAS BULK DELIVERY VEHICLES WITH A METER		X	\$150.00 each =	
			SUBTOTAL	
LATE FEES - All late fees will be due immediately upon expiration of permit.			\$100.00	
			TOTAL DUE	
<input checked="" type="checkbox"/> Check here if applying for a TWO-YEAR permit. Multiply subtotal X2, adding late fee, if applicable.			TWO YEAR PERMIT FEE TOTAL	200.00