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**Section IV.** Statement of Consent.

I hereby certify and attest that I have the authority to act on behalf and bind

\_\_\_\_\_ (Business Name), and that the information provided is true and accurate to the best of my knowledge.

On behalf of \_\_\_\_\_ (Business Name), I hereby provide consent to the Weights and Measures Services Division or its authorized agent to collect samples and assess documentation and records as provided in Arizona Administrative Code R3-7-718. I agree that changes to any information provided in this registration form will be sent to the Associate Director of the Weights and Measures Services Division no later than ten (10) calendar days after the effective date of the change.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Position

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

\_\_\_\_\_  
Date

***Please submit this form to the Division by e-mail at [dwm@azda.gov](mailto:dwm@azda.gov), or by fax at (623) 939-8586.***