

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES**  
**DIVISION OF CONSUMER PROTECTION**  
**OFFICE OF WEIGHTS AND MEASURES**  
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12/2024

**WEIGHTS AND MEASURES SERVICE AGENCY CHANGE OF INFORMATION FORM**  
 (PLEASE PRINT OR TYPE)

- Change of Information **ONLY**
 Out-of-Business

*(Please fill out this section when making **any** changes):*

VA SERVICE AGENCY PERMIT NO.: \_\_\_\_\_  
*(required)*

BUSINESS NAME: \_\_\_\_\_

**Please check all the boxes above and fill out the information that applies to your change in each section that applies:**

- Business Name Change
  New Business Address Change
  New Fed. ID No.
  Contact Information Change

BUSINESS FEDERAL ID NO.: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**If Business Name Change (ONLY):**

Will your agency be replacing the “uniquely identifiable Security Seal currently being used in sealing devices in Virginia? YES  NO

If yes, please provide proof of a uniquely identifiable security seal for the service agency (Image Attached): YES  NO

- Adding Position of Work (please check the changes that apply)
  Removing Position of Work

	METERS:	SCALES:
POSITION OF WORK	BUSINESS TYPE	DEVICE CLASS
___ SALES (registration required only)	___ MOTOR FUEL DISPENSERS	___ SMALL CAPACITY SCALES (1,000 LBS OR LESS)
___ SERVICE	___ VEHICLE TANK METERS	___ LARGE CAPACITY SCALES (OVER 1,000 LBS)
___ BOTH	___ LP GAS METERS	___ RAILROAD TRACK OR BELT CONVEYOR
	___ BULK METERS	
___ INSTALLATION SERVICE (EVSE)	___ ELECTRIC VEHICLE SERVICE EQUIPMENT (EVSE)	

**If Changing Position of Work/Business, Meters/Device Class, Scales:**  Adding  Removing

**Technician’s Change of Information form(s) attached for every person operating in this capacity:** YES  NO

- Other Change Needed** *(please describe on the line(s) below)*

\_\_\_\_\_  
 \_\_\_\_\_

**➔NOTE:** SIGN AND RETURN THIS CHANGE OF INFORMATION FORM TO THE EMAIL OR FAX NUMBER AT THE TOP OF THE DOCUMENT.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_