



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

MOTOR FUEL METERING AND QUALITY SERVICE COMPANY CHANGE OF DEVICE CATEGORY INSTRUCTIONS

KEEP A COPY OF YOUR COMPLETED APPLICATION, ALL ATTACHMENTS, AND YOUR CHECK OR MONEY ORDER PAYABLE TO TDLR.

1. BUSINESS INFORMATION

- **BUSINESS NAME** – Provide the full legal business name as it is registered with the Texas Secretary of State.
- **TDLR LICENSE NO.** – Provide the service company's TDLR license number.
- **BUSINESS PHYSICAL ADDRESS** – Provide the physical street address of the location. Please do not enter a post office box.

2. DEVICE CATEGORIES TO ADD – Indicate the category(ies) of motor fuel metering devices on which your company will perform device maintenance activities. You may choose more than one category. A \$200 fee applies per category.

For your reference:

- **Low Flow:** Devices with a maximum flow rate of 20 gallons per minute (GPM); requires at least one five- gallon or greater test measure or prover (Formerly Class 5).
- **High Flow:** Devices with a maximum flow rate of greater than 20 GPM; requires at least one prover with a capacity that exceeds the amount of liquid delivered by the device in one minute at the maximum flow rate (Formerly Class 6).

A Certificate(s) of Calibration must be submitted with this application. You are required to have certified calibrated test standards that meet the specifications in NIST Handbook 105 for each device category. Test standards must be calibrated annually by a recognized or accredited laboratory that adheres to ISO 17025 standards.

- #### 3. DEVICE CATEGORIES TO BE REMOVED – Indicate the category(ies) of motor fuel metering devices on which your company will no longer perform device maintenance activities.
- #### 4. ACKNOWLEDGMENT – After reading the statement, print and sign your name, and date the form. Your signature here indicates that you have read the statement and that you are aware of your responsibilities regarding the issuance of the requested registration.

CHECKLIST OF REQUIRED DOCUMENTATION TO BE SUBMITTED WITH APPLICATION AND FEE:

- ☐ Complete Application and Fee of \$200 per category (Fees are Non-Refundable)
- ☐ Copy of Certificate(s) of Calibration

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order payable to TDLR. Do not send cash.

For additional information about the Motor Fuel Metering and Quality Program, please visit the [TDLR website](http://www.tdlr.texas.gov). You can request assistance or submit required attachments via [TDLR webform](http://www.tdlr.texas.gov) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in-state only) or (512) 463-6599; Relay Texas - TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](http://www.tdlr.texas.gov).



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MOTOR FUEL METERING AND QUALITY SERVICE COMPANY CHANGE OF DEVICE CATEGORY

REGISTRATION FEE: \$200 PER DEVICE CATEGORY (FEES ARE NON-REFUNDABLE)

1. BUSINESS INFORMATION

Business Name:

Full legal name of the business (owner's name if sole proprietor - no aliases)

TDLR License No.

Business Physical Address:

Street Number, Street Name, Suite Number, City, State, Zip Code

2. DEVICE CATEGORIES TO ADD

Indicate the category(ies) of motor fuel metering devices on which your company will perform device maintenance activities. You may choose more than one category. A \$200 fee applies per device category.

Category Type (see instruction page for detailed device information)	Fees (\$200 per additional category)
<input type="checkbox"/> Low Flow (devices with a maximum flow rate of less than 20 GPM)	
<input type="checkbox"/> High Flow (devices with a maximum flow rate of 20 GPM or greater)	

Total Fees Due

3. DEVICE CATEGORIES TO BE REMOVED

Select each device category you are requesting to be removed:

☐ Low Flow (maximum flow rate of less than 20 GPM) ☐ High Flow (maximum flow rate of 20 GPM or greater)

4. ACKNOWLEDGMENT

By signing and submitting this application, I certify that the information on this and any attached form is true and correct, and all standards required to perform device maintenance activities for the categories listed on this application are in compliance with calibration requirements. I further certify that I have at least the minimum general liability insurance coverages required, and I will comply with all applicable provisions of the Texas Business and Commerce Code, Chapter 607; Texas Occupations Code, Chapters 51 and 2310; and Texas Administrative Code, Chapter 60 and 97. I understand that providing false information on this application may result in revocation and/or denial of the license I am requesting and the imposition of administrative penalties and sanctions.

Print Name:

Job Title:

Signature:

Date Signed:

Month/Day/Year

CHECKLIST OF DOCUMENTATION REQUIRED TO BE SUBMITTED

- ☐ Complete Application and Fee of \$200 per category (Fees are Non-Refundable)
- ☐ Copy of Certificate(s) of Calibration