

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS & MEASURES
FORBES FIELD, BLDG. 282
P.O. BOX 19282
TOPEKA, KS 66619-0282
PH: 785-862-2415 FAX: 785-862-2460

APPLICATION for Registration as a TECHNICAL REPRESENTATIVE OR SERVICE TECHNICIAN: permits 1) removal of rejection tags placed on weighing and measuring devices by the State of Kansas Weights and Measures officials; 2) place in service repaired devices which have been previously rejected; 3) place in service newly installed devices; 4) perform annual testing of commercial devices as required by Kansas law.

Email Address _____ Date _____, 20____

Name _____ Home Address _____
(Last) (First) (MI)

City _____ State _____ Zip Code _____

Date of Birth _____ Home Phone _____ - _____ - _____

Company _____ Office Phone _____ - _____ - _____

Company Address _____
(City) (State) (Zip)

Extent of Training/ Experience (detail) _____

Applicant Desires to: Repair only _____ Test only _____ Repair and Test _____

Retail Computing Scales _____ Vehicle Scales _____ Livestock Scales _____

Hopper Scales _____ Small Scales _____ Vehicle Tank Meters _____

LP Meters _____ Bulk Meters _____ Retail Fuel Dispensers _____ Mass Flow Meters _____

Test Equipment Available: Test kits _____; 50 lb wts _____; 1000 lb wts _____

5 gal test measures _____; Large volume provers _____; Refined Fuel _____; LP _____

Date Test Equipment Certified by NIST approved Lab: _____, 20____

By Whom Certified _____

Do you have available a current copy of the NIST Handbook 44? **2007** Yes _____ No _____

NIST Handbook 44, Specifications, Tolerances and other Technical Requirements for Commercial Weighing and Measuring devices is available from the Superintendent of Documents, U.S. Government Printing Office. Washington, D.C., 20402; online at <http://ts.nist.gov/ts/htdocs/230/235/owmhome.htm>; or by joining the National Conference on Weights and Measures.

I hereby agree that if this application is approved and the Registration and Permit granted, I will not remove Rejection Tags from a device nor issue a Device Installation Report (DI-701) unless I find, as a result of inspection and test, that the device meets all of the requirements of the laws, specifications, tolerances, rules and regulations applicable to same. I further agree that the State Department of Agriculture may cancel my Registration and revoke my permit for good cause, after a hearing thereon. Should my Registration be cancelled and my Permit revoked, I will surrender my Registration Certificate to the Department immediately.

Signed _____
Must be legible

Note: For additional remarks or information, attach extra sheet(s). Detailed information of qualifications and equipment possessed is especially important.

DO NOT WRITE IN THIS SPACE

The test equipment to be used by this applicant was certified on _____, 20____
and the registration card can be completed.

Signed _____
(Metrologist)

This application is: _____ Approved _____ Rejected

Date _____, 20____.

Signed _____
(Director)

REGISTRATION NUMBER ISSUED _____