

**KANSAS DEPARTMENT OF AGRICULTURE
 DIVISION OF WEIGHTS AND MEASURES
 P.O. Box 19282, Building 282 - Forbes Field
 Topeka, Kansas 66619-0282
 PH: (785) 862-2415
 FAX: (785) 862-2460**

WRC
 AMT _____
 CK# _____
 TR# _____

LICENSE APPLICATION

Application for a license for a service company to test weighing or measuring devices. **Separate applications must be filed for each place of business.** The license will include authority to remove rejection and out-of-service tags placed on devices by the State and City jurisdiction Weights and Measures officials; authorizes service companies to place in service newly installed devices (**only devices with an NTEP Certificate of Conformance**). The licensee may also perform annual testing as required by Kansas Law.

Check Type of Business:

SCALE TESTING LARGE SCALE (2001 lb and more including monorail scales) _____
 SMALL SCALE (2000 lb and less) _____

SCALE REPAIR LARGE SCALE (2001 lb and more including monorail scales) _____
 SMALL SCALE (2000 lb and less) _____

METER TESTING Refined Fuel Dispensers _____ VTM _____ LP _____
 Bulk Meters (Wholesale) _____

METER REPAIR Refined Fuel Dispensers _____ VTM _____ LP _____
 Bulk Meters (Wholesale) _____

Does your company test only your own equipment or facilities? Yes _____ No _____
 Does your company repair only your own equipment or facilities? Yes _____ No _____
 Does your company test _____ repair _____ only non-commercial devices? Yes _____ No _____

**DO YOU WISH YOUR NAME TO APPEAR ON A LIST OF LICENSED SERVICE COMPANIES
 DISTRIBUTED TO POTENTIAL USERS OF YOUR SERVICES? Y or N**
DO YOU WISH YOUR TOLL-FREE NUMBER TO APPEAR ON THE LIST? Y or N

Enclose \$50.00 with this license application (scale **or** meter). License expires June 30th of each year. Your cancelled check and the issued license will serve as your receipt.

Date _____, 20____

Company Name _____

Mailing Address _____

City State Zip Code

Street Address _____

City State Zip Code

Phone Number (____) _____ FAX Number (____) _____

Toll-Free Number (____) _____ E-Mail Address _____

LICENSE APPLICATION

How many **REGISTERED TECHNICIANS** do you have at this location? _____

All technicians' names, complete address and license number must be listed below or on an attached sheet. (use an additional sheet if necessary)

Name	Address	City/State	License Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TESTING EQUIPMENT:

ATTACH CERTIFICATION REPORT(S) WITH APPLICATION
NOTE: Certificates issued by the Kansas Metrology Laboratory after September 1, 2009 do not need to be attached to the application.

Small Weight Kits _____ (Small Capacity Scale Testing)

To Whom Kits Assigned _____

Weight Trucks _____ Total Weight of Test Weights per Vehicle _____
(Number)

Gross Weight Per Vehicle (Buildups) _____

Provers _____ Size of Provers in Gallons _____
(Number)

Date weights and provers were tested: _____
(To be certified every 365 days)

Certified by whom: _____
(Must be a NIST Approved Laboratory)

Do you have a 2010 or newer issue of NIST Handbook 44? Yes _____ No _____
Current issues are available from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C., 20402; online at <http://www.nist.gov/pml/wmd/pubs/handbooks.cfm> or by joining the National Conference on Weights and Measures.

All technical representatives for scales and meters are required to attend a continuing education class and pass a written examination.

LICENSE APPLICATION

AI hereby agree that if this application is approved and the license is granted, we will not remove rejection tags from a device unless the device is in full compliance with Handbook 44, is accurate, and meets all Kansas Requirements, nor issue a Device Installation Report (DI-701) on new equipment that does not have an NTEP Certificate of Conformance. We will leave a completed copy of the scale test report at the facility at the time of inspection. We will also leave a completed copy of the DI-701 form at the facility at the time of inspection if this form is required.

Test reports must be received within 10 days at the Weights and Measures Office. Device Installation Reports (DI 701) must be submitted with the test report.

ANo person in my employ will be allowed to inspect or test weighing or measuring devices unless they are registered technicians. I further agree that the Kansas Department of Agriculture may suspend or revoke my license for good cause, **WHICH MAY INCLUDE DECEPTIVE BUSINESS PRACTICES**, after a hearing thereon. Should my license be suspended or revoked, I will surrender it immediately to the Weights and Measures Office.

I FURTHER AGREE THAT A DECAL OR SEAL WILL BE PLACED ON EACH DEVICE SHOWING NAME OF SERVICE COMPANY AND DATE OF TEST.e

Name of Owner or Manager (Print)

Official Signature

DO NOT WRITE IN THIS SPACE

The weights or measures to be used by the above company were certified on _____, 20____.

State Metrologist

The application for license is: Approved_____Rejected_____.

Dated _____, 20____.

Director

License Number Issued_____ Date Issued_____