Amount	
Check #	-
Date	

KANSAS DEPARTMENT OF AGRICULTURE DIVISION OF WEIGHTS & MEASURES 1320 Research Park Dr. Manhattan, KS 66502 PH: 785-564-6700 FAX: 785-564-6779

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			Da	ite	, 20
Name			Home Addre	ess	
(Last)	(First)	(MI)	State	Zin C	odo
City		:	state	Zip C	ode
Date of Birth	Home Phon	.e <u>-</u>	Tech	nician #	
Company		(Office Phone		
Company Address		•		(0,)	
Extent of Training/ Ex	(C perience <u>(detail)</u>	ity)		(State)	
Applicant Desires to:	Repair only Test only	Repa	ir and Test_		
Retail Computing Scal	es Vehicle Scales	Livestock	c Scales		
Hopper Scales S	Small Scales Veh	icle Tank N	Aeters		
LP MetersBulk M	etersRetail Fuel Disp	ensers	_ Mass Flow	v Meters	
Test Equipment Availa	able: Test kits;	50 lb wts_	; 10	00 lb wts	;
5 gal test measures	; Large volume prover	s;	Refined Fuel	l; LF	
Date Test Equipment (Certified by NIST approved	l Lab:		20	
By Whom Certified					
Do you have available	a current copy of the NIST	' Handbool	x 44? 2010	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 <u>http://ts.nist.gov/ts/htdocs/230/235/owmhome.htm;httdocs/230/235/owmhome.htm;http://ts.</u>

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 <u>all</u> 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			