## NOTICE

### SERVICE COMPANY LICENSE RENEWAL TIME!

For Period of July 1, 2024 - June 30, 2025

1. Original License Application - <u>Completed</u> and <u>Signed</u> ?
2. Laboratory Certification Report(s) for <u>all</u> test equipment used?   (Equipment certificates issued by the Kansas Metrology lab do not need to be attached)
3. \$120.00 check made payable to Kansas Dept of Agriculture?
4. Non-Resident Agent Form for out-of-state companies? (If applicable)
5. Parent Sample Form for Grain Moisture Meter Testing if using Air Oven Reference Method? (If applicable)

## Incomplete applications will be returned!

Notice: Technician license cards will be mailed to the service company address after all requirements of the service company have been met.

# KANSAS DEPARTMENT OF AGRICULTURE WEIGHTS AND MEASURES PROGRAM

1320 Research Park Drive Manhattan, Kansas 66502 (785) 564-6681

WRC AMT	
CK#	
TR#	

KDA.Weights.Measures@KS.GOV

#### **LICENSE APPLICATION:**

License application for a service company to inspect and test weighing or measuring devices. The license allows the service company to: remove rejection tags placed on devices by the State Weights and Measures officials; place in service or return to service weighing or measuring devices for commercial use; perform annual inspection and testing as required by Kansas Law. **Separate applications must be filed for each place of business.** 

Check Type of Business:	Inspection/Testing		Repair
☐ LARGE SCALE (2001 lb and more)			
☐ SMALL SCALE (2000 lb and less)			
$\square$ RETAIL FUEL DISPENSER			
☐ VEHICLE TANK METER			
☐ LP GAS METER			
☐ <b>LOADING RACK METER</b> (Wholesale)			
☐ MASS FLOW METER			
$\square$ COMPRESSED NATURAL GAS METER			
☐ CRYOGENIC LIQUID METER			
$\square$ GRAIN MOISTURE METER			
<ul> <li>□ This Company only tests its own equipment or facilities.</li> <li>□ This Company only repairs its own equipment or facilities.</li> <li>□ This Company only tests/repairs non-commercial devices.</li> </ul>			
Enclose \$130.00 with this license application. License expires J	•	*****	******
Company Name:		Date:	
Mailing Address:			
	City	State	Zip Code
Street Address:	City	State	Zip Code
Phone: FAX:	Toll-Free Number:		
Company Email:			
Contact Person:	Phone (if different).:		
Email (if different):			

#### **LICENSED TECHNICAL REPRESENTIVES:**

All technical representatives are required to attend a continuing education class and pass a written examination for each device category they wish to be licensed. List all technical representatives licensed with company. <u>All</u> technicians' names, complete address and license number must be listed below or on an attached sheet. (New technicians with pending license numbers may leave the license number blank or write "New" in its place.

Technician Name	Address	City	State	License #

#### **TESTING EQUIPMENT:**

Mass Standards: Test Kit Information (use an additional sheet if necessary)

Identification # of Kit	Capacity Pounds or Grams	Assigned To	Date Certified	NIST Certified Lab (State)

Mass Standards: Test Truck Information (use an additional sheet if necessary)

	Total No. of	Gross Weight	Test Cart	Total Length		NIST
Truck Make	Test Weights	(Buildup)	Weight	of Truck	Date Certified	Certified Lab

#### **TESTING EQUIPMENT:** (Continued)

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vollime Standar	nc. Tect Meachte	A Prover Information (	lice an annificnal cheef if necessary)

				NIST Certified
Manufacturer	Serial No.	Gallon Capacity	Date Certified	Lab

Grain Moisture Me	ter Testing Methods:	
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☐ Using Reference Meter (use an additional sheet if necessary)

Reference Meter Type	Make	Model	Serial No.	Date Certified	Certified Lab (State or Lab Name)

#### ATTACH METROLOGY LAB CERTIFICATION REPORT(S) TO APPLICATION

NOTE: Certificates issued by the Kansas Metrology Laboratory do not need to be attached to the application.

I hereby agree that if this application is approved and the license is granted, this company will not install, certify for commercial use, remove rejection tags from, or place into service a weighing or measuring device unless the device is correct (i.e. in full compliance with NIST Handbook 44 and meets all Kansas laws and regulations). No person in my employ will be allowed to inspect or test weighing or measuring devices unless they are licensed technical representative.

I hereby agree to submit completed calibration test reports and DI-701 forms to the Weights and Measures Office within  $\underline{10}$  days of the inspection/testing of a weighing or measuring device. Copies of the completed calibration test reports and DI-701 forms will be left with the facility at the time of inspection.

I hereby agree that this company will notify the Weights and Measures Office within 48 hours of any attempt to calibrate, repair, or adjust a measuring or weighing device that cannot be certified as conforming with all applicable tolerances, specifications, and requirements of the law.

I further agree that the Kansas Department of Agriculture may suspend or revoke my license for good cause, <u>WHICH MAY INCLUDE DECEPTIVE BUSINESS PRACTICES</u>, after a hearing thereon. Should my license be suspended or revoked, I will surrender it immediately to the Weights and Measures Office.

Name of Owner or Manager (Print)	
Official Signature	