

OFFICE USE ONLY!

Test Date: _____ G ___ SML ___ LRG ___ RFD ___ VTM ___ LPG ___ B ___ MF ___ CNG ___

Retest Date: _____ G ___ SML ___ LRG ___ RFD ___ VTM ___ LPG ___ B ___ MF ___ CNG ___

KANSAS DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS & MEASURES
1320 RESEARCH PARK DRIVE
MANHATTAN, KS 66502
PH: 785-564-6681 FAX: 785-564-6779

TECHNICAL REPRESENTATIVE OR SERVICE TECHNICIAN APPLICATION:

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 _____
Name _____	DOB _____
(Last) (First) (MI)	
Home Address _____	
City _____	State _____ Zip Code _____ Phone _____

Company _____	
Supervisor Name _____	Office Phone _____
Company Address _____	
City _____	State _____ Zip Code _____

Do you have available a current copy of the NIST Handbook 44? **2012** Yes No

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.

Printed Name _____

Signature _____

Must Be Legible