

OFFICE USE ONLY!

Test Date: _____ RC___ SML___ LRG___ RFD___ VTM___ LPG___ LRM___ MF___ CNG___ GMM___

Retest Date: _____ RC___ SML___ LRG___ RFD___ VTM___ LPG___ LRM___ MF___ CNG___ GMM___

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

TECHNICAL REPRESENTATIVE OR SERVICE TECHNICIAN APPLICATION:

If this application is approved and a license is granted it 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 inspection and testing of commercial devices as required by Kansas law.

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

Device Classification for Service: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Retail Motor Fuel Dispensers | <input type="checkbox"/> Small Scales: Up to 2000 lbs |
| <input type="checkbox"/> High Volume Retail Fuel Dispensers | <input type="checkbox"/> Prescription Scales |
| <input type="checkbox"/> Vehicle Tank Meters | <input type="checkbox"/> Jewelry Scales |
| <input type="checkbox"/> Loading Rack Meters | <input type="checkbox"/> Class III Retail Computing Scales: Up to 50 lbs |
| <input type="checkbox"/> Liquified Petroleum Gas Meters | <input type="checkbox"/> Large Scales: 2001 lbs and greater |
| <input type="checkbox"/> Compressed Natural Gas Meters | <input type="checkbox"/> Vehicle Scales |
| <input type="checkbox"/> Mass Flow Meters | <input type="checkbox"/> Livestock Scales |
| <input type="checkbox"/> Grain Moisture Meters | <input type="checkbox"/> Belt Conveyor Scales |
| <input type="checkbox"/> Cryogenic Liquid Meters | <input type="checkbox"/> Monorail Scales |
| <input type="checkbox"/> Electric Vehicle Supply Equipment | <input type="checkbox"/> Railway Track Scales |

Company _____

Supervisor Name _____ Office Phone _____

Company Address _____

City _____ State ____ Zip Code _____

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

I hereby agree that if this application is approved and a license is granted, I will not approve a device, 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 _____