

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  
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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 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 \_\_\_\_\_, 2011 Tax ID Number \_\_\_\_\_

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)**

<b>Name</b>	<b>Address</b>	<b>City/State</b>	<b>License Number</b>
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**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**

“I 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.**

“No 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.”**

\_\_\_\_\_  
Name of Owner or Manager (Print)

\_\_\_\_\_  
Official Signature