

# **NOTICE**

## **SERVICE COMPANY LICENSE RENEWAL TIME!**

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

- 1. Original License Application - Completed and Signed?**
  
- 2. Laboratory Certification Report(s) for all test equipment used?**   
(Equipment certificates issued by the Kansas Metrology lab do not need to be attached)
  
- 3. \$130.00 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  
[KDA.Weights.Measures@KS.GOV](mailto:KDA.Weights.Measures@KS.GOV)**

WRC	_____
AMT	_____
CK#	_____
TR#	_____

**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**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> <b>LARGE SCALE</b> (2001 lb and more) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>SMALL SCALE</b> (2000 lb and less) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>RETAIL FUEL DISPENSER</b>          | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>VEHICLE TANK METER</b>             | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>LP GAS METER</b>                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>LOADING RACK METER</b> (Wholesale) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>MASS FLOW METER</b>                | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>COMPRESSED NATURAL GAS METER</b>   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>CRYOGENIC LIQUID METER</b>         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> <b>GRAIN MOISTURE METER</b>           | <input type="checkbox"/> | <input type="checkbox"/> |

- This Company only tests its own equipment or facilities.
- This Company only repairs its own equipment or facilities.
- This Company only tests/repairs non-commercial devices.

Enclose \$130.00 with this license application. License expires June 30th of each year.

\*\*\*\*\*

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 REPRESENTATIVES:**

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. All 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)

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

**TESTING EQUIPMENT:** (Continued)

**Volume Standards: Test Measure & Prover Information (use an additional sheet if necessary)**

Manufacturer	Serial No.	Gallon Capacity	Date Certified	NIST Certified Lab

**Grain Moisture Meter Testing Methods:**

- Using Air-Oven Samples (Complete and submit Parent Sample Documentation form with application)**
- 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 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, **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.

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

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