NOTICE

SERVICE COMPANY LICENSE RENEWAL TIME!

For Period of July 1, 2021 - June 30, 2022

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. \$110.00 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 DIVISION OF WEIGHTS AND MEASURES

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			
☐ BULK METER (Load Rack/Wholesale)			
☐ MASS FLOW METER			
\square COMPRESSED NATURAL GAS METER			
☐ CRYOGENIC LIQUID METER			
☐ GRAIN MOISTURE METER			
 □ 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 \$110.00 with this license application. License expires	·	*****	******
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)

volume	iume Standards. Test Weasure & Trover finormation (use an additional sheet if necessary)							
					NIST Certified			
	Manufacturer	Serial No.	Gallon Capacity	Date Certified	Lab			
		1						

		·				
Grain N	Aoisture Meter	Testing Methods	5:			
□ Usin	g Air-Oven Sar	nples (Complete	and submit Pare	ent Sample Documenta	tion form with	application)
□ Usin	g Reference Mo	eter (use an addit	tional sheet if neo	cessary)		
	Reference			, , , , , , , , , , , , , , , , , , ,	Date	Certified Lab (State
	Meter Type	Make	Model	Serial No.	Certified	or Lab Name)
	ATTAC	CH METROLOG	GY LAB CERT	IFICATION REPOR	T(S) TO APP	LICATION
NO'	ΓE: Certificate	s issued by the K	ansas Metrology	Laboratory do not ne	ed to be attache	ed to the application.
		-		•		
I hereby	agree that if thi	s application is ap	proved and the lie	cense is granted, this co	mpany will not i	install, certify for
commer	cial use, remove	e rejection tags fro	om, or place into s	ervice a weighing or me	easuring device	unless the device is
				d meets all Kansas laws		
employ	will be allowed	to inspect or test v	weighing or meas	uring devices unless the	y are licensed te	chnical representative.
	4 1		71 4. 4 4	4 IDI 701 C	4 41 337 • 14	134 066
				orts and DI-701 forms measuring device. Co		
				the time of inspection		pieteu cambi amon test
reports	unu D1 701 101	ms will be left wi	un the facility at	the time of inspections	•	
I also h	ereby agree this	s company will p	lace a decal or st	icker that displays the	service compai	ny name and date of
		pected and tested			•	
	•	•	•	nay suspend or revoke n	•	
				$\frac{\mathbf{S}}{\mathbf{S}}$, after a hearing there	on. Should my l	icense be suspended or
revoked	, I will surrende	r it immediately to	the Weights and	Measures Office.		
			N	ame of Owner or Manag	ger (Print)	
			140	unio or owner or mana	501 (1 11111)	
			0:	fficial Signature		