

NOTICE

SERVICE COMPANY LICENSE RENEWAL TIME!

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

- 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. \$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.

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 also hereby agree this company will place a decal or sticker that displays the service company name and date of test on each device inspected and tested at the time of inspection.

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