



## REGISTERED SERVICE PERSON APPLICATION

## CONTACT

208-332-8690  
Agri.idaho.gov  
weights@ISDA.Idaho.gov  
PO Box 7249  
Boise, ID 83707

### APPLICANT INFORMATION

**APPLICANT NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

\_\_\_\_\_ NUMBER OF YEARS OF EXPERIENCE AS A REGISTERED SERVICE TECHNICIAN

- Where would you like your registration card mailed? ☐ **HOME** - ☐ **COMPANY**
- Do you have a copy of NIST Handbook 44? ☐ **YES** - ☐ **NO**
- Are you a current member of the National Conference on Weights & Measures?  
☐ **YES** - ☐ **NO**

(Membership may be obtained at <https://www.ncwm.com/membership>)

- Idaho is an NTEP state. Only National Type Evaluation Program (NTEP) approved weighing and measuring devices, and their auxiliary components, are legally permissible for commercial use within the state.

(<http://www.ncwm.com/ntep-certificates>)

\_\_\_\_\_ **APPLICANT INITIALS**

- I agree that only certified standards calibrated within the last 24 months will be used to certify devices.

\_\_\_\_\_ **APPLICANT INITIALS**

### INDICATE DEVICES YOU WILL BE CALIBRATING/SERVICING

METERS	SCALES
<input type="checkbox"/> <b>RETAIL MOTOR FUEL 20-150 GPM</b>	<input type="checkbox"/> <b>SMALL SCALES 50 LB OR LESS</b>
<input type="checkbox"/> <b>HIGH VOLUME METERS 151 GPM +</b>	<input type="checkbox"/> <b>JEWELRY STORE SCALES</b>
<input type="checkbox"/> <b>VEHICLE TANK METERS 31-151 GPM</b>	<input type="checkbox"/> <b>MEDIUM SCALES 50-7499 LBS</b>
<input type="checkbox"/> <b>PROPANE (LPG) METERS</b>	<input type="checkbox"/> <b>LIVESTOCK OR VEHICLE SCALES</b>
<input type="checkbox"/> <b>MASS FLOW METERS (Calibrated by Volume)</b>	<input type="checkbox"/> <b>MASS FLOW METERS (Calibrated by Mass)</b>

- Attach calibration reports for standards dated within the last 24 months by a National Institute of Standards & Technology (NIST) recognized state laboratory or accredited laboratory traceable to NIST.
- I agree that, if my application is approved and registration is granted, I will not knowingly place a device into service that fails to comply with the Idaho Department of Agriculture Weights & Measures requirements, including NIST Handbook 44. I will submit placed-in-service reports within 24 hrs.

\_\_\_\_\_ **SIGNATURE**

### SERVICE COMPANY INFORMATION

**EMPLOYERS NAME:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**CONTACT PERSON:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

- I am the employer or manager of the applicant named above and can attest that they possess the necessary experience and skills to install and repair commercial weighing and measuring equipment.

\_\_\_\_\_ **SIGNATURE**