



Idaho State Department of Agriculture
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BRAD LITTLE, GOVERNOR
CHANEL TEWALT, DIRECTOR

Voluntary Registration of Servicemen and/or Agencies for Commercial Weighing and Measuring Devices

Name _____ Date of Birth _____

Address _____

Company Name & Owner _____

Address _____ Phone: (_____)

(Street)

(City)

(Zip)

List qualifications and references including past experience and work knowledge. (Use additional sheet if necessary.)

List testing equipment and standards. _____

Signature _____ Date _____

Answer all questions completely and correctly. Your eligibility will be based on these and/or personal interview requested by the Bureau Chief of Weights and Measures.

Read carefully the enclosed Voluntary Registration Regulation. Your signature will signify compliance with all provisions of the regulation.

All accepted and approved service companies and servicemen will be issued an identification card and number of certification by the state, which will remain in effect until returned by the applicant or withdrawn by the Director of Agriculture.

Approved Disapproved

Program Manager

Bureau of Weights & Measures