IDAHO STATE DEPARTMENT OF AGRICULTURE

# 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 |
|---|---|
| ☐ ***RETAIL MOTOR FUEL 0-150 GPM*** | ☐ ***SMALL SCALES 50 LB OR LESS*** |
| ☐ ***HIGH VOLUME METERS 151+ GPM*** | ☐ ***JEWELRY STORE SCALES*** |
| ☐ ***VEHICLE TANK METERS 31-151 GPM*** | ☐ ***MEDIUM SCALES 50-7499 LBS*** |
| ☐ ***PROPANE (LPG) METERS*** | ☐ ***LIVESTOCK OR VEHICLE SCALES*** |
| ☐ ***MASS FLOW METERS (Calibrated by Volume)*** | ☐ ***MASS FLOW METERS (Calibrated by Mass)*** |

- 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**