

Department of Agriculture and Land Stewardship

Weights and Measures Bureau

2230 South Ankeny Blvd Ankeny IA 50023 515-725-1492

**Application for Registered Service Agency,
Service Tech or Construction Co**

Agency Number	Tech Number

New Application	Renewal
<input type="checkbox"/>	<input type="checkbox"/>

Company	Technician	Construction Company
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Company Name	Technician Name				
Company Address	Technician Phone No.				
Company City, State, Zip	Technician E-mail				
Company Phone No.					
Company E-Mail					
Types of Meters Serviced		Types of Scales Serviced			
	YES	NO		YES	NO
Retail Fuel Dispenser	<input type="checkbox"/>	<input type="checkbox"/>	Small Capacity < 500 lbs	<input type="checkbox"/>	<input type="checkbox"/>
High Volume	<input type="checkbox"/>	<input type="checkbox"/>	Hopper Scales	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Meters	<input type="checkbox"/>	<input type="checkbox"/>	Livestock Scales	<input type="checkbox"/>	<input type="checkbox"/>
DEF Meters	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Scales	<input type="checkbox"/>	<input type="checkbox"/>
LP Meters	<input type="checkbox"/>	<input type="checkbox"/>	Railroad Scales	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)			Other (specify)		

List test equipment

Date equipment was last certified by a NIST approved laboratory _____

Who certified? _____

Where? _____

Attach copies of the current calibration report to this application

Check if Reference Material are available:

	YES	NO		YES	NO
NIST Handbooks 44 & 130	<input type="checkbox"/>	<input type="checkbox"/>	Pressure sensitive seals	<input type="checkbox"/>	<input type="checkbox"/>
Iowa Code	<input type="checkbox"/>	<input type="checkbox"/>	Wire Seals	<input type="checkbox"/>	<input type="checkbox"/>
Iowa Chapter 85 rules	<input type="checkbox"/>	<input type="checkbox"/>			

I hereby agree that if this application is approved and the registration is granted, I will not place in service any device that does not meet all of the requirements of the laws, tolerances, rules and regulations applicable to the same. I further agree that the Department of Agriculture and Land Stewardship may cancel my registration for good cause. Should my registration be canceled, I will surrender my registration certificate to the department immediately.

Applicant's Signature _____ Date _____

Owner/Manager (Please print) _____

Owner/Manager Signature _____ Date _____

Read the following instructions before completing this application.

1. Submit one application for company and one application for each individual.
2. The license fee is \$10.00 per application per two years (\$5.00 per year).
3. Make check payable to IDALS or Weights & Measures Bureau.
4. Clearly print or type the information requested on application(s).
5. List all the test equipment in your possession.
6. List how many test weights you have and in what sizes.
7. Show the date test equipment was last certified by a NIST approved laboratory.
8. Return the original application(s) and keep a copy for your records.

Mailing Address:

**Iowa Department of Agriculture
Weights & Measures Bureau
2230 South Ankeny Blvd.
Ankeny IA 50023**