



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES
**SERVICEMAN REGISTRATION APPLICATION FOR INSTALLATION
AND SERVICE OF WEIGHING AND MEASURING DEVICES**

DATE	FOR OFFICE USE ONLY	
	TEST SCORE:	CALIBRATION REPORT ON FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF REGISTRATION:		
SCALES: <input type="checkbox"/> SMALL CAPACITY <input type="checkbox"/> LARGE CAPACITY <input type="checkbox"/> MULTI CAPACITY <input type="checkbox"/> LP GAS <input type="checkbox"/> REFINED FUELS <input type="checkbox"/> OTHER (SPECIFY) _____		
NAME		TELEPHONE
ADDRESS (STREET, ROUTE)		CITY
STATE	COUNTY	ZIP
EMPLOYED BY		TELEPHONE
ADDRESS (STREET, ROUTE)		CITY
STATE	COUNTY	ZIP
SUMMARY OF TRAINING AND EXPERIENCE		
DEVICES QUALIFIED TO SERVICE		
SUMMARY OF SERVICES TO BE PERFORMED		
TYPE OF TESTING EQUIPMENT		
DATE OF LAST TEST EQUIPMENT CALIBRATION (COPY OF CALIBRATION REPORT MUST BE ATTACHED)		
CALIBRATION BY		
NAME		ADDRESS
REGISTRATION IN OTHER STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, NAME OF OTHER STATES (ATTACH PROOF OF REGISTRATION)		
SEAL IDENTIFICATION NUMBER: (LP GAS/PETROLEUM ONLY)		

MO 350-0474 (6-88)



LIST THREE REFERENCES OTHER THAN PRESENT EMPLOYER, WHO ARE FAMILIAR WITH YOUR ABILITY AS A SERVICE MAN.

1. NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
2. NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP
3. NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP

DO YOU POSSESS OR HAVE AVAILABLE FOR USE AND REFERENCE:

- NATIONAL BUREAU OF STANDARDS HANDBOOK 44? YES NO
- NATIONAL BUREAU OF STANDARDS HANDBOOK 130? YES NO
- MISSOURI LAW GOVERNING WEIGHTS AND MEASURES? YES NO
- NATIONAL FIRE PROTECTION ASSOCIATION MANUAL NO. 54? YES NO
- NATIONAL FIRE PROTECTION ASSOCIATION MANUAL NO. 58? YES NO

The undersigned hereby submits this application for registration as a qualified serviceman and for a permit to remove rejection tags placed on measuring devices by Missouri Weights & Measures officials. This allows a serviceman to place in service repaired devices which have been previously rejected or install new devices until a follow-up inspection can be made by an official representative of the Missouri Department of Agriculture, Division of Weights and Measures. Each LP-GAS & Petroleum serviceman must have an identifying seal and seal number.

I hereby declare I am familiar with and shall meet the requirements of the Missouri Weights and Measures Laws applying to weighing and measuring devices. Failure to comply with applicable Missouri State Law shall be reason for the Director of the Division of Weights & Measures to cancel registration and revoke permit.

THERE IS NO COST FOR REGISTRATION IN MISSOURI AND REGISTRATION IS BASED UPON THE DATES OF EQUIPMENT CALIBRATION, IT WILL EXPIRE AT THE SAME TIME AS THE CALIBRATION.

APPLICATIONS THAT ARE NOT SIGNED WILL NOT BE ACCEPTED

SIGNED

REVIEWED BY	DATE
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APPROVED BY	DATE
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MISSOURI DEPARTMENT OF AGRICULTURE, DIVISION OF WEIGHTS AND MEASURES
P.O BOX 630
JEFFERSON CITY, MISSOURI 65102



MISSOURI DEPARTMENT OF AGRICULTURE
DIVISION OF WEIGHTS AND MEASURES
P.O. BOX 630, JEFFERSON CITY, MO 65102

PLACING IN SERVICE AND/OR REPORT OF SCALE SALE

SHIPPED TO OR PLACED IN SERVICE AT:		COUNTY	TELEPHONE NUMBER
ADDRESS		CITY	ZIP CODE
MAKE OF SCALE	ACCURACY CLASS	MODEL NUMBER	CAPACITY
SERIAL NUMBER(S)			
SELLER/INSTALLER (AGENCY)		NEW INSTALLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES - NTEP C OF C NUMBER (MUST COMPLETE)
STREET OR P.O. BOX		CITY	REPAIRED DEVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO (REJECTION TAG MUST BE INCLUDED)
DATE SOLD	DATE REPAIRED	DATE INSTALLED	ESTIMATED DATE OF INSTALLATION
This form must be signed by manufacturer or representative if being completed only for report of sale. If being completed for placing in service following repair, it must be signed by a registered technician and by owner or user of device. This will allow the temporary commercial use of the device described herein, pending its official inspection.			
SIGNED		REGISTRATION NUMBER	
This form must be filled out in triplicate, the original must be mailed to the Department of Agriculture, Division of Weights and Measures within 24 hours of sale or placing in service. Duplicate to be given to owner or user of device, and triplicate to be retained by the service company. Forms filled out for repaired devices must be accompanied by the rejection tag and a copy of the service agency's test report.			
ATTENTION OWNER OR USER: A repaired or newly installed device can only be placed into service by a registered technician. Use of a device that has not been certified by either a registered technician or the Department of Agriculture is unlawful. You should also make notations that the following has been done:			
<input type="checkbox"/> The technician installed or repaired and calibrated my scale.		NOTICE: FAILURE TO ISSUE THIS REPORT IS A PUNISHABLE OFFENSE UNDER SECTIONS 413.135 AND 413.175 MISSOURI REVISED STATUTES.	
<input type="checkbox"/> I have been instructed how to properly level and zero my scale.			
<input type="checkbox"/> I have been instructed in the proper use and care of my scale.			
SIGNED, SCALE OWNER OR USER		DATE	

MO 350-0403 (9-88)

DISTRIBUTION: WHITE - DIVISION OF WEIGHTS AND MEASURES; CANARY - SCALE OWNER; PINK - SERVICE COMPANY