

Oklahoma Department of Agriculture  
Consumer Protection Services  
PO BOX 528804  
Oklahoma City, Oklahoma 73152-8804

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**APPLICATION FOR APPRENTICE SERVICE TECHNICIAN LICENSE**

NAME OF APPLICANT: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
HOME PHONE: (\_\_\_\_) \_\_\_\_\_  
BUSINESS PHONE: (\_\_\_\_) \_\_\_\_\_ FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

AGENCY EMPLOYED BY: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
SERVICE AGENCY PHONE: (\_\_\_\_) \_\_\_\_\_  
SERVICE AGENCY LICENSE NUMBER: \_\_\_\_\_

In accordance with 2 O.S. § 14-61 et Seg. I hereby make application for the license specified below:

- \_\_\_ Category (1) Scales, capacity 100 or less pounds
- \_\_\_ Category (2) Scales, capacity 100 but not more than 1,000 lbs
- \_\_\_ Category (3) Scales, capacity 1,000 but not more than 40,000lb
- \_\_\_ Category (4) Scales, capacity 40,000 pounds and more
- \_\_\_ Category (5) Moisture Meters
- \_\_\_ Category (E) Electronic Indicators, and Computer linked sys.

A FEE OF TEN DOLLARS (\$10.00) FOR ISSUANCE FO A LICENSE FOR AN APPRENTICE SERVICE TECHNICIAN MUST ACCOMPANY LICENSE.

**LIST ALL LICENSED SERVICE TECHNICIANS YOU WILL BE TRAINING WITH**

SERVICE TECHNICIAN NAME:	LICENSE NUMBER:	CATEGORY:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information provided herein is true correct to the best of my knowledge and belief.

In signing this application, I understand and agree to comply with the provisions of 2 O.S. § 14-61 et Seg. and to keep such records and reports as are required. I agree to have in my possession the Apprentice Service Technician License during all service of weighing an measuring devices and will make the license and records available to the board or its authorized agents.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(APPLICANT)