

Oklahoma Department of Agriculture
Consumer Protection Services
P.O. Box 528804
Oklahoma City, Oklahoma 73152-8804

Amount Paid: _____
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Signature of Name on Card _____

APPLICATION FOR SERVICE COMPANY LICENSE

NAME OF FIRM: _____
MAILING ADDRESS: _____
LOCATION: _____
CITY: _____ STATE: _____ ZIP _____ - _____
OWNER: _____ PHONE: (____) _____
E-MAIL: _____ FAX #: (____) _____

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

CODE	TYPE
____ Category (1) 1000	____ Class I ____ Class II
____ Category (2) 2000	____ Class III ____ Class III / III L ____ Class IIII
____ Category (3) 3000	____ Moisture Meters

A FEE OF ONE HUNDRED DOLLARS (\$100.00) PER LOCATION SHALL ACCOMPANY SERVICE COMPANY LICENSE FOR ISSUANCE

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you have a current copy, of the Oklahoma Service Technician and Service Agency Act and associated rules and regulations? _____
2. Do you have a current copy of the Oklahoma Weights and Measures Law and associated rules and regulations? _____
3. Do you have a supply of the Oklahoma Department of Agriculture "Placing in Service Report" forms? _____
4. Do you have any Device Service Technicians employed by your company that have been convicted of any weights and measures-related felonies in any state or territory of the United States? If yes, who? _____
5. Do you have a current copy of the National Institute of Standards and Technology (NIST) HANDBOOK 44, Current year edition? _____

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION

1. Certificates of Calibration for the minimum equipment _____ required for device category being applied for as per the NIST Handbook 44 Scale Code, Section N.3., Table 4. Minimum ** Test Weights and Test Loads *.

2. Copy of SEAL for approval by the Department for use on _____ commercial weighing and measuring devices.

A licensed Device Service Technician must be employed in each category for which you wish to be licensed.

LIST ALL DEVICE TECHNICIANS AND CATEGORIES

<u>DEVICE TECHNICIANS</u> (1,2 or 3)	<u>CATEGORIES</u> (office use)	<u>LICENSE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If more space is needed please attach additional sheets.)

I certify that the information provided herein is true and 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. Section 14-61 et Seq. and Rule 35:10-5-1. "Oklahoma Service Technician and Service Agency Act". To keep records and submit reports as required. I agree to make such records available and authorize access to such records to the Board or its authorized agent any time during normal business hours.

SIGNATURE: _____ DATE: _____
(OWNER OR AUTHORIZED AGENT)

NAME: _____ TITLE: _____
(Please Print)