# VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES DIVISION OF CONSUMER PROTECTION OFFICE OF WEIGHTS AND MEASURES

102 Governor Street, Richmond, VA 23219

Phone: (804) 786-2476 • Fax: (804) 786-1571 • <u>www.vdacs.virginia.gov</u>

Revised 3.2024

### APPLICATION FOR WEIGHTS AND MEASURES SERVICE AGENCY CERTIFICATION

(PLEASE PRINT OR TYPE)

		BUSINESS ID No.:
NEW (never certified in Virginia) REACTIVATING		
BUSINESS CHANGE OF INFORMATION: Address Change Name Change Contact Information Change Out-of-Business Other		
COMPANY FEDERAL ID NO:		
COMPANY NAME:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP CODE:
TELEPHONE:	FAX:	
CONTACT PERSON:	EMAIL:	
<ul> <li>calibrating equipment used or to be used by the service agency (Attached): YES □ NO □</li> <li>2. Application(s) attached for every person functioning as a service technician in the Commonwealth in your employ: YES □ NO □ <ul> <li>a. Branch and/or work location(s) included (if different from above for your technicians) □</li> </ul> </li> <li>3. Proof of a uniquely identifiable security seal that is to be used by the service agency (Image Attached): YES □ NO □</li> </ul>		
	METERS:	SCALES:
POSITION OF WORK	BUSINESS TYPE	DEVICE CLASS
SALES (registration required only)	MOTOR FUEL DISPENSERS	SMALL CAPACITY SCALES (1,000 LBS OR LESS)
SERVICE	VEHICLE TANK METERS	LARGE CAPACITY SCALES (OVER 1, 000 LBS)
ВОТН	LP GAS METERS BULK METERS	RAILROAD TRACK OR BELT CONVEYOR
INSTALLATION SERVICES (EVSE)	ELECTRIC VEHICLE SUPPLY EQUIPMENT (EVSE)	
EXEMPT FROM FEES (Va. Code §3.2-5705): YES □ NO □  If NON-Exempt, each service agency shall pay a registration fee of \$100 made payable TREASURER OF VIRGINIA  → SIGN AND RETURN THIS APPLICATION ALONG WITH YOUR PAYMENT TO THE ADDRESS AT THE TOP OF THIS FORM.  SIGNATURE:  DATE:		
SIGNATURE.		DAIE.
PRINT NAME:		

The Commissioner may deny, suspend, or revoke any registration or renewal if the application is incomplete, false, or fraudulent. It shall be a violation of this chapter for a person to submit to the Commissioner an application for registration or renewal that he knows to be false or fraudulent.

# INFORMATION REQUIRED FOR PISR

#### 1. DATE OF SERVICE

#### 2. SERVICE AGENCY INFORMATION

- a. COMPANY NAME
- b. COMPANY ADDRESS, STREET, STATE, AND ZIP CODE
- c. COMPANY TELEPHONE NUMBER
- d. COMPANY REGISTRATION NUMBER

## 3. BUSINESS SERVICED

- a. NAME
- b. ADDRESS STREET, STATE, AND ZIP CODE
- c. TELEPHONE NUMBER
- d. MANAGER OR CONTACT NAME

# 4. REASON FOR SERVICE

- a. REJECTED OR CONDEMNED EQUIPMENT
- b. MAINTANENCE OF EQUIPMENT
- c. EQUIPMENT INSTALLATION

# 5. REPAIRED EQUIPMENT INFORMATION

- a. TYPE OF DEVICE
- b. MAKE
- c. MODEL I.D.
- d. SERIAL NUMBER
- e. LOCATION OF DEVICE
- f. C OF C (could be listed on device as the following: NTEP #, CC #, Certificate of Conformance #. This is found on somewhere on the scale platform, under platform, or identification plate of scale)
- g. REPAIRS COMPLETED
- h. TEST RESULTS
- i. EQUIPMENT SEALED? YES NO AND SEAL I.D.
- j. TEST EQUIPMENT USED
- k. TEST EQUIPMENT DATE OF CALIBRATION

# 6. SERVICE TECHNICIOAN

- a. FULL NAME (PRINTED)
- b. SIGNATURE
- c. DATE SIGNED
- d. TECHNICIAN LICENSE NUMBER