

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 DIVISION OF CONSUMER PROTECTION
 OFFICE OF WEIGHTS AND MEASURES
 PO BOX 526, RICHMOND, VA 23218-0526
 (757) 562-6637**

Revised February 2011

**APPLICATION FOR WEIGHTS AND MEASURES SERVICE TECHNICIAN CERTIFICATION
 AND REGISTRATION FOR TECHNICIAN TRAINING
 (PLEASE PRINT OR TYPE)**

TECHNICIAN NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ E-MAIL _____

ARE YOU CURRENTLY CERTIFIED: YES NO VA TECHNICIAN NO.: _____

COMPANY AFFILIATE INFORMATION

COMPANY NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CONTACT PERSON _____

E-MAIL _____

WORK LOCATION (if different from above)

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ CONTACT PERSON _____

	METERS:	SCALES:
POSITION OF WORK	BUSINESS TYPE	DEVICE CLASS
<input type="checkbox"/> SALES	<input type="checkbox"/> MOTOR FUEL DISPENSERS	<input type="checkbox"/> SMALL CAPACITY SCALES (1,000 LBS OR LESS)
<input type="checkbox"/> SERVICE	<input type="checkbox"/> VEHICLE TANK METERS	<input type="checkbox"/> LARGE CAPACITY SCALES (OVER 1, 000 LBS)
<input type="checkbox"/> BOTH	<input type="checkbox"/> LP GAS METERS	<input type="checkbox"/> RAILROAD TRACK OR BELT CONVEYOR
	<input type="checkbox"/> BULK METERS	

CLASS DATE: _____

EXEMPTED FROM PAYMENT? YES NO

PAYMENT ENCLOSED? YES NO (MAKE YOUR \$25 CHECK PAYABLE TO THE **TREASURER OF VIRGINIA**)

➔SIGN AND RETURN THIS APPLICATION ALONG WITH YOUR CHECK TO THE ADDRESS AT TOP OF FORM.

TECHNICIAN SIGNATURE _____ DATE _____

PRINT NAME _____