

Oklahoma Department of Agriculture, Food and Forestry  
 Consumer Protection Services  
 PO BOX 528804  
 Oklahoma City, Oklahoma 73152-8804  
 Phone 405/522-5968 FAX 405/522-4584

Rev Code 391
Amount Paid: _____
Card #: _____
Type of Card: _____ Master Card _____ Visa
Exp Date (MM/YYYY) _____
Signature of Name on Card _____

**APPLICATION FOR DEVICE SERVICE TECHNICIAN LICENSE**

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

COMPANY EMPLOYED BY: \_\_\_\_\_ AGN \_\_\_\_\_  
 MAILING ADDRESS: \_\_\_\_\_  
 LOCATION: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 COMPANY PHONE: (\_\_\_\_) \_\_\_\_\_  
 SERVICE COMPANY LICENSE NUMBER \_\_\_\_\_

In accordance with 2 O.S. § 14-61 et Seq. and Rule 35:10-5-1. 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 TWENTY-FIVE DOLLARS (\$25.00) PER CATEGORY APPLIED FOR SHALL ACCOMPANY DEVICE SERVICE TECHNICIAN APPLICATION.

**NEW APPLICANTS QUALIFICATIONS:**

List Technical Training:

Course Name	Location	Date	Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

( attach copy of training agenda for each course )

EXPERIENCE: Previous Employment:

COMPANY NAME	SUPERVISOR	DATE EMPLOYED	LENGTH OF SERVICE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Information required before processing application )

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. Have you ever been convicted of any weights and measures related felony in any state or territory of the United States? \_\_\_\_\_
5. Do you have a current copy of Handbook 44 (REQUIRED) Published annually and in effect January 1<sup>ST</sup> each year. \_\_\_\_\_

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION

1. Certificates of Calibration for the minimum equipment (in your possession) required for device category(s) being applied for as per the Handbook 44 Scale Code, Section N.3., Table 4, Recommended Minimum \*\* Test Weights and Test Loads \*.
2. Copy of SEAL for approval by the Department for use on commercial devices if personalized or different than Service Agency approval seal.

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 Title 2 O.S. 1991, § 14-61 et Seq. and Rule 35:10-5-1 through 6 of the Oklahoma Service Technician and Service Agency Act.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Service Technician)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Owner or Authorized Agent of Service Company)