

Oklahoma Department of Agriculture  
 Consumer Protection Services  
 P.O. 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 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
____ <b>Category (1)</b> 1000	____ Class I ____ Class II
____ <b>Category (2)</b> 2000	____ Class III ____ Class III / III L ____ Class IIII
____ <b>Category (3)</b> 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)**