## West Virginia Division of Labor Weights & Measures Section

570 MacCorkle Avenue West St. Albans, WV 25177

(304) 722-0602 FAX (304) 722-0605

## SERVICEMAN REGISTRATION APPLICATION

BUSINESS NAME					DATE	
CONTACT	TITLE	PHONE NUM	BER		FAX NUMBER	
STREET ADDRESS CIT		CITY	CITY		ZIP CODE	
BUSINESS TYPE  CORPORATION  PARTNERSHIP  INDIVIDUAL  LLC	SCALES SMALI MEDIU		DEVICES YOU WILL BE FUEL METERS 0-20 GPM 21-50 GPM OVER 50 GPM	REGISTERED T	O INSTALL & SERVICE PROPANE/LPG MASS FLOW OTHER (LIST)	
CERTIFICATION						
<b>NAME</b> (LAST, FIRST, MI)			NAME (LAST, FIRST, MI)			
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OFFICIAL USE ONLY	A. The listed pers B. The individual and sufficient sta C. The following service technician D. The individual and regulations; E. All standards u or on file at the V	I CERTIFY THAT:  A. The listed person(s) is/are qualified to install, service and repair the devices with which they are being registered;  B. The individual or agency posesses or has available for use, and will use, all necessary testing equipment and sufficient standards to adequately test devices as set forth in each applicable code in Handbook 44;  C. The following current publications are physically available in a central location for reference and use by service technicians (NIST Handbooks 44, 130 and PUB 112);  D. The individuals or agency has full knowledge of all appropriate Weights & Measures laws, orders, rules and regulations;  E. All standards used have current calibrations and that copies of such calibration certificates are attached, or on file at the Weights & Measures Office; and  F. A sample of the security seal used by the individual or agency is attached.				
WM FORM 310	NA	AME OF CEO/OWNER/N	<b>MANAGER</b>	SIGNATUR	E OF CEO/OWNER/MANAGER	