



West Virginia Division of Labor

Weights & Measures

570 MacCorkle Ave West

St. Albans, WV 25177



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Application for Service Person Registration

NAME		DATE	
MAILING ADDRESS	CITY	STATE	ZIP
PHYSICAL ADDRESS	CITY	STATE	ZIP
EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER	
SERVICE AGENCY NAME	SERVICE AGENCY ID#	SERVICE AGENCY PHONE #	

DEVICE TYPE(S)

<p>SCALES</p> <p>SMALL <input type="checkbox"/> 0 - 50 LBS.</p> <p>MEDIUM <input type="checkbox"/> 51 - 1,000 LBS.</p> <p>LARGE <input type="checkbox"/> > 1,000 LBS.</p>	<p>FUEL METERS</p> <p>UP TO 20 GPM <input type="checkbox"/></p> <p>21 GPM - 50 GPM <input type="checkbox"/></p> <p>> 50 GPM <input type="checkbox"/></p> <p>PROPANE/LPG <input type="checkbox"/></p> <p>MASS FLOW <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> <p>PLEASE LIST BELOW:</p> <hr/> <hr/> <hr/>
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I have enclosed the current calibration certificates for my testing equipment and standards.

THIS CERTIFICATION IS YOUR PROPERTY AND TRANSFERS WITH YOU IF YOU CHANGE AGENCIES

By signing below, I certify and affirm as follows:

- that I am qualified to install, service and repair the device types I have checked above;
- that I have and will use the necessary testing equipment and standards to comply with the requirements of NIST Handbook 44;
- that I have and am familiar with NIST Handbooks 44, 112 and 130;
- that I have copies of and am familiar with the WV Weights and Measures Act (W. Va. Code §§47-1-1 through 47-1-23) and rules; and
- that to the best of my knowledge and belief, the information I have provided on this application is true and accurate.

Name of Applicant	Signature of Applicant
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