ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES 4425 West Olive Avenue, Suite # 134 Glendale AZ. 85302 www.azdwm.gov Phone: 602-771-4935 FAX: 623-939-8586 or 1-800-277-6675 (OUTSIDE Phoenix metro)

SIGNATURE:

REGISTERED SERVICE AGENCY APPLICATION

LICENSE FEE = \$24

PLEASE PRINT

1816						
BUSINESS NAME:			PHONE:		FAX:	
BUSINESS ADDRESS:		CITY:		ZIP:		
Physical address (if business	address is PO Box):					
List Employees who will be a	pplying for a Registered Service	ce Representative license	who currently have a valid	I license:		
. ,		·	J			
	now, or been previously, licensed Arizona or any other state*? If ye Has your l Have you been deling	or revoked?	repair: SCALES: CAPACITY: METERS-TYPE:		alified to install, service or	
STANDARDS: List all test sta	ndards that will be used by yo	our company as an RSA a	nd your employees as RSR	SS:		
TEST STANDARD	Serial# or ID	TEST STANDARI	D Serial# or ID	TEST STANDA	RD	Serial# or ID
AAC R20-2-601 through 604. I certify *OUT OF STATE AGENCIES: If your s	that I will operate as an RSA with all	appropriate legal requirements a e other than Arizona, please encl	nd that I may only use standards ose a copy of the Certification Rep	have full kowledge of the applicable law, that have been certified within the past foort. (NOTE: You are required to have an cramento.	12 months.	

DATE: _____

License Issued: