

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 DIVISION OF CONSUMER PROTECTION
 OFFICE OF WEIGHTS AND MEASURES
 PO BOX 526, RICHMOND, VA 23218-0526
 (757) 859-6593**

**APPLICATION FOR WEIGHTS AND MEASURES SERVICE TECHNICIAN CERTIFICATION
AND REGISTRATION FOR TECHNICIAN TRAINING
 (PLEASE PRINT OR TYPE)**

TECHNICIAN NAME _____
 HOME ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE _____ E-MAIL _____
 ARE YOU CURRENTLY CERTIFIED: _____ YES VA TECHNICIAN NO.: _____

COMPANY AFFILIATE INFORMATION

COMPANY NAME _____ VA PERMIT NO.: _____
 MAILING ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE _____ CONTACT PERSON _____
 E-MAIL _____

WORK LOCATION (if different from above)

ADDRESS _____
 CITY _____ STATE _____ ZIP CODE _____
 TELEPHONE _____ CONTACT PERSON _____

	METERS:	SCALES:
POSITION OF WORK	BUSINESS TYPE	DEVICE CLASS
___ SALES	___ MOTOR FUEL DISPENSERS	___ SMALL CAPACITY SCALES (1,000 LBS OR LESS)
___ SERVICE	___ VEHICLE TANK METERS	___ LARGE CAPACITY SCALES (OVER 1, 000 LBS)
___ BOTH	___ LP GAS METERS	___ RAILROAD TRACK OR BELT CONVEYOR
	___ BULK METERS	
	___ TAXI	

CLASS DATE: _____

EXEMPTED FROM PAYMENT? _____ YES _____ NO

PAYMENT ENCLOSED? _____ YES _____ NO (MAKE YOUR \$25 CHECK PAYABLE TO THE **TREASURER OF VIRGINIA**)

➔ SIGN AND RETURN THIS APPLICATION ALONG WITH YOUR CHECK TO THE ADDRESS AT TOP OF FORM.

TECHNICIAN SIGNATURE _____ DATE _____

PRINT NAME _____