

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
DIVISION OF CONSUMER PROTECTION
OFFICE OF WEIGHTS AND MEASURES
Phone: (757) 859-6593 • Fax: (757)859-6428
FINANCE OFFICE: PO BOX 526, RICHMOND, VA 23218-0526

**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 | |

(MUST BE FILLED IN)

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 _____