

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
 DIVISION OF CONSUMER PROTECTION
 OFFICE OF WEIGHTS AND MEASURES
 PO BOX 526, RICHMOND, VA 23218-0526
 EMAIL: owm@vdacs.virginia.gov

PHONE: (804) 786-2476 • FAX: (804) 786-1571 • www.vdacs.virginia.gov

12/2024

WEIGHTS AND MEASURES SERVICE TECHNICIAN CHANGE OF INFORMATION FORM ONLY
 (PLEASE PRINT OR TYPE)

CHANGE OF APPLICANTS CONTACT INFORMATION (Please fill out this section when making any changes):

VA SERVICE TECHNICIAN ID NO.: _____
 (required)

TECHNICIAN NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ EMAIL: _____

Please check all the boxes and fill out the information that applies to your change in each section that applies:

CHANGE OF EMPLOYER INFORMATION:

Transferring to:

Updating current employer information only:

COMPANY AFFILIATE INFORMATION

BUSINESS FEDERAL ID NO.: _____ VA SERVICE AGENCY PERMIT NO.: _____
 (required)

BUSINESS NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CONTACT PERSON: _____

E-MAIL: _____

If transferring to another business, please provide *the name and/or VA SERVICE AGENCY Permit No. of previous employer:*

CHANGE IN TECHNICIAN'S OPERATING RESPONSIBILITIES: Adding Removing

POSITION OF WORK	METERS:	SCALES:
___ 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	
___ INSTALLATION SERVICE (EVSE)	___ ELECTRIC VEHICLE SERVICE EQUIPMENT (EVSE)	

CHANGE CERTIFICATION STATUS (Please also fill out the "Change of Employer Information" section of this form also)

REACTIVATE CERTIFICATION

INACTIVATE CERTIFICATION

OTHER CHANGE NEEDED (please describe on the line(s) below)

SIGNATURE: _____ DATE: _____

PRINT NAME: _____