West Virginia Division of Labor Weights and Measures Section Capitol Complex Bldg. 6 Room 749B Charleston, West Virginia 25305 304-722-0602 FAX 304-722-0605	**SERVICEMAN REGISTRATION APPLICATION**

BUSINESS NAME			DATE
CONTACT	TITLE	PHONE NUMBER	FAX NUMBER
STREET ADDRESS	CITY	STATE	ZIP CODE

BUSINESS TYPE

- ☐ CORPORATION
- ☐ PARTNERSHIP
- ☐ INDIVIDUAL

DEVICE TYPE CHECK TYPES OF DEVICES YOU WILL BE REGISTERED TO INSTALL AND SERVICE

SCALES

- ☐ **SMALL** (0-70 LBS)
- ☐ **MEDIUM** (71-1000LBS)
- ☐ **LARGE** (> 1000LBS)

FUEL METERS

- ☐ 20 GPM OR LESS
- ☐ 50 GPM OR LESS
- ☐ OVER 50 GPM

- ☐ PROPANE/LPG
- ☐ MASS FLOW
- **OTHER** (LIST)

CERTIFICATION

NAME (LAST, FIRST, MI)	**NAME** (LAST, FIRST, MI)

OFFICIAL USE ONLY

I CERTIFY THAT:

A. The listed person (s) is/ are qualified to install, service and repair the devices with which they are being registered, and
B. The individual or agency possesses or has availible for use, and will use, all necessary testing equiptment and suffcient standards to adequately test devices as set forth in each applicable code in handbook 44, and
C. The following current publications are physicially availible in a central location for reference and use by service technicians (Nist Handbooks 44, 130 and NCWM PUB 112) and
D. The individuals or agency has full knowledge of all appropiate Weights and Measures Law orders, rules and regulations, and
E. That all standards used have currentcalibrations and that copies of such calibration certificates are attached, or on file at the Weights and Measures Office, and
E. A sample of the security seal used by the individual or agency is attached.

WM FORM 310 REVISED: AUGUST 4, 2006	NAME OF CEO/OWNER/MANAGER	SIGNATURE OF CEO/OWNER/MANAGER