

Oklahoma Department of Agriculture, Food and Forestry
 Consumer Protection Services
 PO BOX 248958
 Oklahoma City, Oklahoma 73124-8958
 Phone 405/522-5968

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|--|
| Rev Code 391 |
| Amount Paid: _____ |
| Card #: _____ |
| Type of Card: _____ Master Card _____ Visa |
| Exp Date (MM/YYYY) _____ |
| Signature of Name on Card _____ |

APPLICATION FOR DEVICE SERVICE TECHNICIAN LICENSE

NAME OF APPLICANT: _____ AGN _____
 MAILING ADDRESS: _____
 LOCATION: _____
 CITY: _____ STATE: _____ ZIP: _____ - _____
 HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____
 FAX NUMBER: (____) _____

COMPANY EMPLOYED BY: _____ AGN _____
 MAILING ADDRESS: _____
 LOCATION: _____
 CITY: _____ STATE: _____ ZIP: _____
 COMPANY PHONE: (____) _____
 SERVICE COMPANY LICENSE NUMBER _____

In accordance with 2 O.S. § 14-61 et Seq. and Rule 35:10-5-1. I hereby make application for the license specified below:

| CODE | TYPE |
|------------------------|---|
| ____ Category (1) 1000 | ____ Class I ____ Class II |
| ____ Category (2) 2000 | ____ Class III ____ Class III / III L ____ Class IIII |
| ____ Category (3) 3000 | ____ Moisture Meters |

A FEE OF TWENTY-FIVE DOLLARS (\$25.00) PER CATEGORY APPLIED FOR SHALL ACCOMPANY DEVICE SERVICE TECHNICIAN APPLICATION.

NEW APPLICANTS QUALIFICATIONS:

List Technical Training:

| Course Name | Location | Date | Hours |
|-------------|----------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(attach copy of training agenda for each course)

EXPERIENCE: Previous Employment:

| COMPANY NAME | SUPERVISOR | DATE EMPLOYED | LENGTH OF SERVICE |
|--------------|------------|---------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

(Information required before processing application)

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Do you have a current copy of the Oklahoma Service Technician and Service Agency Act and associated rules and regulations? _____
2. Do you have a current copy of the Oklahoma Weights and Measures Law and associated rules and regulations? _____
3. Do you have a supply of the Oklahoma Department of Agriculture "Placing in Service Report" forms? _____
4. Have you ever been convicted of any weights and measures related felony in any state or territory of the United States? _____
5. Do you have a current copy of Handbook 44 (REQUIRED) Published annually and in effect January 1ST each year. _____

PLEASE ATTACH THE FOLLOWING TO THE APPLICATION

1. Certificates of Calibration for the minimum equipment (in your possession) required for device category(s) being applied for as per the Handbook 44 Scale Code, Section N.3., Table 4, Recommended Minimum ** Test Weights and Test Loads *.
2. Copy of SEAL for approval by the Department for use on commercial devices if personalized or different than Service Agency approval seal.

I certify that the information provided herein is true and correct to the best of my knowledge and belief.

In signing this application, I understand and agree to comply with the provisions of Title 2 O.S. 1991, § 14-61 et Seq. and Rule 35:10-5-1 through 6 of the Oklahoma Service Technician and Service Agency Act.

SIGNATURE: _____ DATE: _____
(Service Technician)

SIGNATURE: _____ DATE: _____
(Owner or Authorized Agent of Service Company)