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STATE OF NEVADA
DEPARTMENT OF AGRICULTURE

405 South 21st St.
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
agri.nv.gov

November 15, 2019

NOTICE OF 2020 REGISTERED SERVICE AGENCY/AGENT ANNUAL REGISTRATION RENEWAL

This notice is to inform you of your annual Registered Service Agent (NRS 581.103) registration fee of \$100.00 for each agency location and \$20.00 per agent due on or before December 31, 2019. Enclosed is the invoice for these fees based on our 2019 records. **If there are individual agents that need to be added to or removed from your agency, please notate the appropriate changes in the Registered Service Agency application and issue payment accordingly.**

Please use the provided return envelope and submit your remittance by mail, along with the 2020 forms completed in the following order to prevent any delays in renewal of your registration. Please note that we have recently updated our forms; do not submit copies of old forms from prior submissions. **Any application submitted without completion of ALL the items listed below will be returned unprocessed.**

- Registered Service Agency Application
- Report existence of Nevada Business License
- Placed in Service Procedures for EACH listed agent
- Child Support Information for EACH listed agent. Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes 581.103 require that the application for a certificate of registration for each agent must include the social security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected.
- Copies of test standards/equipment certificates if certification was NOT performed in Nevada
- Payment form with payment

***Annual Registration Renewals MUST be remitted in paper form via mail.
Electronic submissions will not be accepted at this time.***

Should you have questions regarding your Registered Service Agency annual registration renewal, please contact Jamie Thompson at (775) 353-3782.



DIVISION of CONSUMER EQUITABILITY
Registered Service Agency Program
405 South 21st Street Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Email: rsareg@agri.nv.gov Web: agri.nv.gov/RSA

Registered Service Agency Registration Application Instructions

The following information is required for approval. Incomplete applications will be returned unprocessed. Failure to submit a completed application by December 31, 2019 will result in non-renewal of your current registration.

APPLICATION: Form, including payment, is to be completed by the business owner or person responsible for the Registered Service Agency (RSA) Program only. *(CE-RSA-01-Application.pdf)*

- New or Existing:** Mark the appropriate box indicating if the application is for a new RSA account OR to update an existing RSA account, including the Nevada RSA registration number.
- Business Name:** RSA business name to appear on the registration, including if Corporation (Inc.), Limited Liability Company (LLC), or Limited Partnership (LP). Indicate if business name has been updated or has more than one Nevada RSA registration with different locations. **Please note:** EACH location must have their own application.
- Mailing Address/City/State/Zip:** Enter the street address or P.O. Box number, city, state, and zip code to where the registration will be mailed.
- Application Preparer's Name/Contact Phone #/Fax #/Email Address:** Enter the name, phone number, Fax number, and email address of business owner or person responsible for the RSA Program.
- Device/Repair Services:** Mark the appropriate box indicating if your business provides services for external customers, in-house or both.
- Type of Devices/Scope of work:** Mark the appropriate box indicating the type of devices your agency repairs or installs and describe in detail the scope of work.
- Registered Service Agents (RSA):** **CLEARLY PRINT** full names (LAST NAME, FIRST NAME) of ALL current service/repairmen employed by your firm to install or repair weighing, measuring, or metering devices in the state of Nevada. To update information, list all names and check the appropriate box of existing, adding or removing.
- Test Standards/ Equipment:** Mark the appropriate box indicating if your test standards/equipment have been certified in the state of Nevada or in another state. You must provide additional documentation or information (copy of certification if not certified in the state of Nevada) OR complete the box information if certified in the state of Nevada.
- Signature/ Date:** Application Preparer completing application.

REPORT EXISTENCE OF NEVADA BUSINESS LICENSE:

- Form is to be completed by the business owner or person responsible for the RSA agency only. Individual agents are **NOT** required to fill out form. *(CE-RSA-02-ReportOfBusinessLicence.pdf)*

PLACED IN SERVICE PROCEDURE:

- Form is to be read and completed by **ALL** Registered Service Agents listed on the application. *(CE-RSA-03-PlacedinServiceProcedure.pdf)*

CHILD SUPPORT INFORMATION:

- Form is to be completed by **ALL** Registered Service Agents listed on the application. Federal regulation requires that the application for a certificate of registration for each agent must include the social security number of the applicant. NDA cannot waive this requirement. *(CE-RSA-04-ChildSupportForm.pdf)*

METHOD OF PAYMENT:

- Form is to be completed by person responsible for payment or Registered Agency Program. *(CE-RSA-05-Paymentform.pdf)*
Payments MUST be accompanied by completed application for further processing and may only be submitted by mail. Do NOT e-mail or fax the authorization form as these are not secure forms of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.



Nevada Department of Agriculture

DIVISION of CONSUMER EQUITABILITY

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APPLICATION

Charges: \$100.00 application/renewal fee plus \$20.00 per RSA

Acceptable methods of payment by mail only: Credit/debit card, Check or Money Order

New Application Update Existing RSA Registration # _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Application Preparer's Name: _____ Contact Phone #: _____

Fax #: _____ Email Address: _____

Device/repair services are provided for (check one): External Customers In-house Both

Check Type of devices your agency has test standards for and is qualified to service, repair or install:

SCALES METERS/ TYPE: _____ RETAIL FUEL DISPENSERS

Describe scope of work: _____

Registered Service Agents (RSA): Print clearly full names of **ALL** current service/repairmen employed by your firm to install or repair weighting, measuring or metering devices in the State of Nevada. (attach additional sheets if necessary).

Last Name, First	Last Name, First	Last Name, First
1. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	2. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	3. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
4. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	5. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	6. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
7. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	8. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	9. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
10. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	11. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	12. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

Test Standards/ Equipment:

- Standards have been certified in another state **NOT IN NEVADA**. (You must enclose a copy of the certification(s))
- Standards have been certified in **NEVADA**. Complete box below (attach additional sheets if necessary):

TEST STANDARDS/Equipment:	Nevada Certificate of Calibration #:	Expiration Date:

I hereby certify that the agency listed above has the standards and testing equipment required to service those devices for which we are requesting registration. All agents have full knowledge of the laws and regulations applicable to the installation, repair and adjustment of weighing and measuring devices, including but not limited to NRS 581, NAC 581 and NIST Handbook 44. I certify that the above listed agency will operate in accordance with all applicable laws and regulations and that agents will only use standards or testing equipment that has been certified and which meet applicable NIST Handbook 44 requirements.

PRINT & SIGNATURE: _____ **DATE:** _____

OFFICE USE ONLY:

Date Completed: _____ Total Paid: \$ _____ Payment: Check # _____ CC Other

Processed by: _____



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Report Existence of Nevada Business License

Pursuant to NRS 581.1036

Business applicant MUST complete this section.

Please select ONE option:

- I have a Nevada business license number assigned by the Nevada Secretary of State. My Nevada business license number is: _____
- I have applied for a Nevada business license with the Nevada Secretary of State and my application is pending.
- I do NOT have a Nevada business license number.

The Division of Consumer Equitability is not the arbiter of whether an applicant is required to obtain a State of Nevada business license. You may find additional information about Nevada's business licensing requirements at the Secretary of State's website at: <http://nvsos.gov/>

Business Name

Date

Printed Name of Business Applicant

Signature of Business Applicant



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PLACED IN SERVICE PROCEDURES

All **RSA Applicants** MUST complete this section

Nevada Administrative Code 581 specifically requires that any repair, adjustment or installation of a device must be reported to the Division of Consumer Equitability. This enables us to effectively schedule tests and inspections of newly installed or repaired equipment in a timely and efficient manner.

Please follow these requirements selecting ONE option. Excerpted from NAC 581:

NAC 581.370 Duties of repairman. (NRS 581.050, 581.067) A person who installs or makes a repair or adjustment to a weighing or measuring device shall:

1. **Within 24 hours after installing the device or making repair or adjustment to the device, notify the State Sealer of Weights and Measures by oral communication** that the device has been installed or that the repair or adjustment has been made; **and**
2. **Within 5 days after installing the device or making the repair or adjustment to the device, submit to the State Sealer of Weights and Measures a written notification of the installation, repair or adjustment on a form prescribed by the State Sealer of Weights and Measures.**

Please note: Requirement number 2 above may be met by submitting a photo by mobile device or scan copies of the Placed in Service Report and any associated NDA-issued colored tags to: rsa@agri.nv.gov.

Failure to comply with the duties listed above constitutes a violation of NRS Chapter 581 and subjects the agent to civil and criminal penalties in accordance with NRS 581.415 – NRS 581.445, inclusive. Additionally, NAC 581.400 provides that if, after providing notice and opportunity for a hearing pursuant to the provisions of NRS Chapter 233B, the State Sealer of Consumer Equitability determines that a service agency or agent has violated the provisions of NRS Chapter 581, the State Sealer of Consumer Equitability may suspend or revoke the certificate of registration issued to that service agency or agent.

I hereby certify that I have reviewed and will comply with the above referenced requirements:

Business Name

RSA Registration #

Printed Name of RSA Applicant

Signature of RSA Applicant

Date



Nevada Department
of Agriculture

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CHILD SUPPORT INFORMATION

Pursuant to NRS 581.1032

ALL RSA applicants MUST complete this section

Please select ONE option:

- I am not subject to a court order for the support of a child.

- I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

- I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Business Name

RSA Registration #

Printed Name of RSA Applicant

Signature of RSA Applicant

RSA Applicant's Address

City, State and Zip

RSA Applicant's Phone #

Social Security #

Date

*Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each new agent must include the social security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected.



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Method of Payment

Do NOT e-mail or fax this authorization form as email is NOT a secure form of transmittal to protect your bank information. Any payment information sent by email or fax will not be processed.

Business Name: _____

RSA Registration # _____

Invoice # _____

Check here ONLY if payment and application information will be mailed separately.

Mailing payment and application documents separately may cause a delay in processing your registration. Application is not reviewed until both have been received.

Payment Type:

Check or Money Order # _____

Payment Amount: \$ _____

Payable to:

NEVADA DEPARTMENT OF AGRICULTURE
405 South 21st Street
Sparks, NV 89431

Credit Card (Check type): Visa Mastercard AMEX Discover

Payment Amount: \$ _____

Name as it appears on Card: _____

Email: _____

Authorized Signature: _____ Date: _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (Month/Year: ____ / ____)

Card Verification Value (CVV2): _____

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments and will be shredded upon completion of payment processing.*

Billing Code: 4551-3601

WM-RSA-05

Revised: 11/07/19