



Nevada Department of Agriculture

DIVISION of CONSUMER EQUITABILITY

Registered Service Agency Program

405 South 21<sup>st</sup> Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: [rsareg@agri.nv.gov](mailto:rsareg@agri.nv.gov) Web: [agri.nv.gov/RSA](http://agri.nv.gov/RSA)

**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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**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](mailto: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



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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 21<sup>st</sup> 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