Print Form

CONSUMER EQUITABILITY DIVISION
Registered Service Agency Program
2150 Frazer Avenue Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Email: rsareg@agri.nv.gov Web: agri.nv.gov/RSA

Nevada Department of Agriculture

APPLICATION

Charges: $100.00 application/renewal fee plus $20.00 per RSA
Acceptable methods of payment: Credit/debit card, Check or Money Order

☐ New Application ☐ Update Existing RSA License #_____

Business Name: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Application Preparer's Name: _____ Contact Phone #: _____
Fax #: _____ Email Address: _____

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

☐ SCALES/ CAPACITY: _____ ☐ METERS/ TYPE: _____
☐ RETAIL FUEL DISPENSERS ☐ METERS/ LPG :_____

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 ☐ Add ☐ Remove ☐	**6.** Existing ☐ Add ☐ Remove ☐	**11.** Existing ☐ Add ☐ Remove ☐
2. Existing ☐ Add ☐ Remove ☐	**7.** Existing ☐ **Add** ☐ Remove ☐	**12.** Existing ☐ **Add** ☐ Remove ☐
3. Existing ☐ Add ☐ Remove ☐	**8.** Existing ☐ **Add** ☐ Remove ☐	**13.** Existing ☐ **Add** ☐ Remove ☐
4. Existing ☐ Add ☐ Remove ☐	**9.** Existing ☐ **Add** ☐ Remove ☐	**14.** Existing ☐ **Add** ☐ Remove ☐
5. Existing ☐ Add ☐ Remove ☐	**10.** Existing ☐ **Add** ☐ Remove ☐	**15.** Existing ☐ **Add** ☐ Remove ☐

Test Standards/ Equipment: List all test standards and equipment below**. If standards have been certified in a state OTHER THAN NEVADA, you must enclose a copy of the certification.**

TEST STANDARDS:	Certificate of Calibration #:

I certify that we have the necessary standards and testing equipment to service those devices for which we are requesting registration. We have full knowledge of the applicable laws, specifically NRS 581 and NAC 581. I certify that I will operate in accordance with said laws and rules and that I may use only standards or testing equipment that has been certified.

SIGNATURE: _____ DATE: _____

WM-RSA-01

OFFICE USE ONLY:
Date Completed: _____ **Total Paid: $** _____ **Payment:** ☐**Check #**_____ ☐**CC** ☐**Other**
Processed by: _____