Print Form

Nevada Department of Agriculture

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

Registered Service Agency Application Instructions

The following information is required for approval:

APPLICATION: Form is to be completed by the business owner or person responsible for the Registered Service Agency 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 License number.
- **Business Name:** RSA business name to appear on the license, 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 license 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 license will be mailed.
- **Responsible Party'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.
- **Registered Service Agents (RSA): CLEARLY PRINT** full names of ALL current service/repairmen employed by your firm to install or repair weighing, measuring, or metering devices in the state of Nevada.
- **Test Standards/ Equipment:** List all test standards/equipment and the Certificate of Calibration # provided on certificate. If standards have been certified in a state OTHER than Nevada, you must provide a copy of the certification.
- **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 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 Agent's listed on the application.
(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 include completed application for further processing.

- **Business Name/Invoice #:** Business name and invoice number (if provided by NDA).
- Mark box if payment and application information will be mailed separately.
- Mark the appropriate box indicating type of payment. If credit card, mark type of card and credit card information – Payment amount, name as it appears on card, email address to send receipt, authorized signature, date, credit card number, expiration date, and CVV.