



**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)

### 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.
- **Device/Repair Services:** Mark the appropriate box indicating if your business provides services for external customers, in-house or both.
- **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 Agents 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.



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**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: \_\_\_\_\_

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/ 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. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 6. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 10. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 2. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 7. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 11. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 3. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 8. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 12. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |
| 4. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 9. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> | 13. _____<br>Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> |

**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: \_\_\_\_\_

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|   |  |
|---|--|
| <b>OFFICE USE ONLY:</b>                         |  |
| Date Completed: _____                           | Total Paid: \$ _____                                       |
| Payment: <input type="checkbox"/> Check # _____ | <input type="checkbox"/> CC <input type="checkbox"/> 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 upon compliance with the provisions of NRS Chapter 76. My Nevada business license number is: \_\_\_\_\_
- I have applied for a Nevada business license with the Nevada Secretary of State upon compliance with the provision of NRS Chapter 76 and my application is pending.
- I do NOT have a Nevada business license number.

The **Consumer Equitability Division** is not the arbiter of determining whether the applicant needs a business license. You may find additional information about the Nevada business license 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

To all Registered Service Agents/Agencies (RSA):

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 new 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 of 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: The requirements above may also be met by submitting a photo by mobile device or scan copies of the Placed in Service Report and colored tags to: [rsa@agri.nv.gov](mailto:rsa@agri.nv.gov)**

Beginning January 1, 2010, failure to inform Consumer Equitability in any of the above circumstances will be issued a fine of \$25.00 for EACH device imposed upon the RSA.

A subsequent or second violation will be raised to \$50.00 per device, then \$100.00 per device. After the third violation, the RSA may face an administrative hearing that could result in removal from the RSA program.

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of RSA Applicant

\_\_\_\_\_  
Signature of RSA Applicant



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### **CHILD SUPPORT INFORMATION**

Pursuant to NRS 581.1032

ALL **RSA applicants** MUST complete this section

**Failure to complete Child Support information will subject to denial of certification.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of RSA Applicant

\_\_\_\_\_  
Signature of RSA Applicant

\_\_\_\_\_  
RSA Applicant's Address

\_\_\_\_\_  
City, State and Zip

\_\_\_\_\_  
RSA Applicant's Phone #



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**Method of Payment**

**Payments MUST Include completed application information**

Business Name: \_\_\_\_\_ Invoice # \_\_\_\_\_

- Check here ONLY if payment and application information will be mailed separately.  
Please note: Application and payment will not be processed 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

Please do NOT e-mail this authorization form. E-mail is NOT a secure form of transmittal to protect your card information and will not be processed.

- Credit Card (Check type):  Visa  Mastercard  AMEX  Discover

Payment Amount: \$ \_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Email: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Card Verification Value (CVV2): \_\_\_\_\_

*\*Credit Card information is not retained by the Nevada Department of Agriculture for future payments.*

Billing Code: 4551-3616

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