



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

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. _____ 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"/>	10. _____ 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"/>	7. _____ 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"/>
3. _____ 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"/>	12. _____ 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"/>	9. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	13. _____ 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: _____

WM-RSA-01

OFFICE USE ONLY:	
Date Completed: _____	Total Paid: \$ _____ Payment: <input type="checkbox"/> Check # _____ <input type="checkbox"/> CC <input type="checkbox"/> Other
Processed by: _____	



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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

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 21st 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

WM-PWM-05