



PLACED IN SERVICE PROCEDURES

All applicants MUST complete this section. Please select ONE option.

To all Registered Service Agents/Agencies:

Nevada Administrative Code 581 specifically requires that any repair, adjustment or installation of a device must be reported to the Bureau of Weights and Measures within a certain time frame. This enables us to effectively schedule tests and inspections of new or repaired equipment in a timely and efficient manner

Please follow these requirements. Excerpted from NAC 581:

NAC 581.370 Duties of repairman. (NRS 581.050, 581.067) A person who installs or male 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.**

IMPORTANT: The required ITEMS above can BOTH be satisfied by simply snapping a picture or scanning copies of the Placed in Service Report and Colored Tags to: RSA@agri.nv.gov

Beginning 1 January 2010, for failure to inform Weights and Measures in any of the above circumstances, a fine of \$25.00 for each device will be imposed upon the RSA.

Example: If the RSA adjusts 10 devices and does not send in a "Placed in Service" report within the guidelines above and this is discovered by Weights and Measures inspectors, the RSA may be fined \$250.00

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.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

COMPANY NAME

DATE



CHILD SUPPORT INFORMATION

All 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; OR

_____ 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.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

COMPANY NAME

DATE