



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



REPORT OF EXISTENCE OF NEVADA BUSINESS LICENSE
Pursuant to NRS **581.1036**

All applicants 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 **Bureau of Weights & Measures** is not the arbiter of determining whether the applicant needs a business license. Information about the Nevada business license can be found on the Secretary of State's website at: <http://nvsos.gov/>

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



RSA Registration Credit Card Payment Form

Payment Type: Master Card Visa AMEX Discover Card

Payment Amount \$ _____

- - -

Card Number

Expiration Date / Card Verification Value (CVV2)

Cardholder Information

Name as it appears on Card: _____

Billing Address: _____

City/State/Zip: _____

Telephone: _____

Email: _____

Authorized Signature: _____ Date: _____

PLEASE CONTACT AFTER INFORMATION IS VERIFIED FOR CC PAYMENT

Name: _____

Telephone: _____

Invoice Number: _____

Billing Code: 4551-3616

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