

JOE LOMBARDO
Governor

Las Vegas Office:
2300 East St. Louis Ave.
Las Vegas, NV 89104
Telephone (702) 668-4590
Fax (702) 668-4567



J.J. GOICOECHEA, DVM
Director

Elko Office:
4780 East Idaho St.
Elko, NV 89801-4672
Telephone (775) 753-1360
Fax (775) 738-2639

STATE OF NEVADA
DEPARTMENT OF AGRICULTURE

405 South 21st St.
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
agri.nv.gov

November 15, 2023

IMPORTANT

Greetings,

Please read the updated **Registered Service Agency - Registration Application Instructions** document in the paper packet carefully.

Changes have been made to help streamline the process for existing license holders.

The Division has adopted a simplified “on file” system, which means if we have the paperwork already on file, then it **does not** need to be submitted again for **existing agents**.

If there are **no** changes to business license status, weighing and measuring standards certified in Nevada, or to your agent roster, **no additional** paperwork is required to be submitted as we already have it “on file”.

What is still required

A completed application page and method of payment are still required.

For **each new** agent, completed Placed In Service Procedures and Child Support Information forms must be submitted.

Current (within the past 12 months) calibration certificates for standards certified outside of Nevada are also required, and there must be proof of certification for any new standards we do not have on file.

Please note that we **do not** accept electronic submissions containing Social Security numbers or other personally identifiable information. Please send hard copy submissions through the mail, UPS or FedEx to:

Nevada Department of Agriculture
Division of Measurement Standards
Attn: RSA Program
405 S. 21st Street
Sparks, NV 89431

If you have questions about the application or license renewal process, please contact the Division of Measurement Standards at 775-353-3782 option 5 or email rsareg@agri.nv.gov

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NOTICE OF 2024 REGISTERED SERVICE AGENCY/AGENT ANNUAL REGISTRATION RENEWAL

This notice is to inform you of your annual Registered Service Agent (NRS 581.103) registration fee of \$100.00 for each agency location and \$20.00 per agent due on or before December 31, 2023. Enclosed is the invoice for these fees based on our current records. **If there are individual agents that need to be added to or removed from your agency, please notate the appropriate changes on the Registered Service Agency application and issue payment accordingly.**

Please use the provided return envelope and submit your remittance by mail, along with the 2024 forms completed in the following order to prevent any delays in renewal of your registration. Please note that we have recently updated our forms; do not submit copies of old forms from prior submissions. **Any application submitted without completion of ALL the items listed below will be returned unprocessed.**

- Registered Service Agency Application
- Report existence of Nevada Business License
- Signed Placed in Service Procedures for any agent being added to the enclosed Registered Service Agency application
- Child Support Information for any agent being added to the enclosed Registered Service Agency application. Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes 581.103 require that the application for a certificate of registration for each agent must include the social security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected.
- Copies of test standards/equipment certificates if certification was NOT performed in Nevada
- Payment form with payment

***Annual Registration Renewals MUST be remitted in paper form via mail.
Electronic submissions will not be accepted at this time.***

Should you have questions regarding your Registered Service Agency annual registration renewal, please (775) 353-3782, option 5, or email rsareg@agri.nv.gov.



Nevada Department
of Agriculture

DIVISION OF MEASUREMENT STANDARDS

405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: rsareg@agri.nv.gov Web: agri.nv.gov/RSA

Registered Service Agency - Registration Application Instructions

The following information is required for processing and approval. Incomplete applications will be returned unprocessed. Failure to submit a completed application by December 31, 2023 will result in non-renewal of your current registration and a 10% late penalty fee.

APPLICATION: Form, including payment, is to be completed by the business owner or person responsible for the Registered Service Agency (RSA) 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 registration number.
- Business Name:** RSA business name to appear on the registration, 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 registration 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 registration will be mailed.
- Application Preparer'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.
- Type of Devices/Scope of work:** Mark the appropriate box indicating the type of devices your agency repairs or installs and describe in detail the scope of work.
- Registered Service Agents (RSA):** **CLEARLY PRINT** full names (LAST NAME, FIRST NAME) of ALL current service/repairmen employed by your firm to install or repair weighing, measuring, or metering devices in the state of Nevada. To update information, list all names and check the appropriate box of existing, adding or removing.
- Test Standards/Equipment:** Mark the appropriate box indicating if your test standards/equipment have been certified in the state of Nevada or in another state. You must provide additional documentation or information (copy of certification if not certified in the state of Nevada) OR complete the box information if certified in the state of Nevada.
- 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 agency 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 any Registered Service Agents who are being added on the application. Form does not need to be completed for existing agents. (*CE-RSA-03-PlacedinServiceProcedure.pdf*)

CHILD SUPPORT INFORMATION:

- Form is to be completed by any Registered Service Agents who are being added on the application. Form does not need to be completed for existing agents. Federal regulation requires that the application for a certificate of registration for each agent must include the social security number of the applicant. NDA cannot waive this requirement. (*CE-RSA-04-ChildSupportForm.pdf*) **DO NOT e-mail or fax this form as these are not secure forms of transmittal of personally identifiable information.**

METHOD OF PAYMENT:

- Form is to be completed by person responsible for payment or Registered Agency Program. (*CE-RSA-05-Paymentform.pdf*) **Payments MUST be accompanied by completed application for further processing and may only be submitted by mail. DO NOT e-mail or fax the authorization form as these are not secure forms of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.**



Nevada Department
of Agriculture

DIVISION OF MEASUREMENT STANDARDS

Registered Service Agency Program

405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: rsareg@agri.nv.gov Web: agri.nv.gov/RSA

APPLICATION

Charges: \$100.00 application/renewal fee plus \$20.00 per RSA

Acceptable methods of payment by mail only: Credit/debit card, Check or Money Order

- New Application Update Existing RSA Registration # _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Application Preparer's Name: _____ Contact Phone #: _____

Fax #: _____ Email Address: _____

Registered Service Agents (RSA): Print clearly full names of **ALL** current service/repair agents 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"/>	2. _____ 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"/>
4. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	5. _____ 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"/>
7. _____ 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"/>	9. _____ 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"/>	11. _____ 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"/>

Device/repair services are provided for (check one): External Customers In-house only Both

Check type and range of devices your agency has test standards for and is qualified to service, repair or install:

<input type="checkbox"/> SCALES	<input type="checkbox"/> FUEL METERS	<input type="checkbox"/> LPG METERS	<input type="checkbox"/> RETAIL FUEL DISPENSERS
<input type="checkbox"/> 50 lb and less	<input type="checkbox"/> 100 gal and less	<input type="checkbox"/> 25 gal and less	<input type="checkbox"/> 5 gal and less
<input type="checkbox"/> 50 to 1,000 lb	<input type="checkbox"/> 100 gal to 500 gal	<input type="checkbox"/> 25 gal to 100 gal	<input type="checkbox"/> 5 gal to 30 gal
<input type="checkbox"/> 1,000 lb to 5,000 lb	<input type="checkbox"/> 500 gal and greater	<input type="checkbox"/> 100 gal and greater	
<input type="checkbox"/> 5,000 lb and greater			

Describe scope of work: _____

Test Standards/ Equipment:

- Standards have been certified in another state **NOT IN NEVADA**. (You must enclose a copy of the certification(s))
 Standards have been certified in **NEVADA**.

I hereby certify that the agency listed above has the standards and testing equipment required to service those devices for which we are requesting registration. All agents have full knowledge of the laws and regulations applicable to the installation, repair and adjustment of weighing and measuring devices, including but not limited to NRS 581, NAC 581 and NIST Handbook 44. I certify that the above listed agency will operate in accordance with all applicable laws and regulations and that agents will only use standards or testing equipment that has been certified and which meet applicable NIST Handbook 44 requirements.

PRINT & SIGNATURE: _____ **DATE:** _____

NDA USE ONLY:
Date Completed: _____ **Total Paid: \$** _____ **Payment:** Check # _____ CC Other
Processed by: _____



DIVISION OF MEASUREMENT STANDARDS

405 South 21st Street Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Web: agri.nv.gov/RSA

PLACED IN SERVICE PROCEDURES

All **new RSA Applicants** MUST complete this section

Nevada Administrative Code 581 specifically requires that any repair, adjustment, or installation of a device must be reported to the Division of Measurement Standards. This enables us to schedule tests and inspections of newly installed or repaired equipment in a timely and efficient manner.

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 Measurement Standards 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 Measurement Standards a written notification of the installation, repair or adjustment on a form prescribed by the State Sealer of Weights and Measures.**

Please note: Requirement number 2 above may be met by submitting a photo or scanned copy of the Placed In-Service Report and any associated NDA-issued colored tags to: rsa@agri.nv.gov.

Failure to comply with the duties listed above constitutes a violation of NRS Chapter 581 and subjects the agent to civil and criminal penalties in accordance with NRS 581.415 – NRS 581.445, inclusive. Additionally, NAC 581.400 provides that if, after providing notice and opportunity for a hearing pursuant to the provisions of NRS Chapter 233B, the State Sealer of Measurement Standards determines that a service agency or agent has violated the provisions of NRS Chapter 581, the State Sealer of Measurement Standards may suspend or revoke the certificate of registration issued to that service agency or agent.

I hereby certify that I have reviewed and will comply with the above referenced requirements:

Business Name

RSA Registration #

Printed Name of RSA Applicant

Signature of RSA Applicant

Date



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CHILD SUPPORT INFORMATION

Pursuant to NRS 581.1032

ALL **new RSA 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.
- 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

RSA Registration #

Printed Name of RSA Applicant

Signature of RSA Applicant

RSA Applicant's Address

City, State and Zip

RSA Applicant's Phone #

Social Security Number*

Date

*Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each new agent must include the Social Security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected. Documents containing Social Security numbers **must** be submitted in hard copy form by mail. Do not email or fax this form as these are not secure methods of transmission. Electronic files will **not** be accepted.



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Method of Payment

Do NOT e-mail or fax this authorization form these are not secure forms of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.

Business Name: _____

RSA Registration # _____ Invoice # _____

Check here ONLY if payment and application information will be mailed separately.
Mailing payment and application documents separately may cause a delay in processing your registration. Application is not reviewed 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

Credit Card (Check type): Visa Mastercard AMEX Discover

Payment Amount: \$ _____

Name as it appears on Card: _____

Email: _____

Authorized Signature: _____ Date: _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (Month/Year: ____ / ____)

Card Verification Value (CVV2): _____

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments and will be securely destroyed upon completion of payment processing.*

Billing Code: 4551-3601