



Nevada Department of Agriculture

DIVISION of CONSUMER EQUITABILITY

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).

Table with 3 columns: Last Name, First. Rows 1-12, each with Existing, Add, and Remove checkboxes.

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:

Table with 4 columns: SCALES, FUEL METERS, LPG METERS, RETAIL FUEL DISPENSERS. Each column has checkboxes for different weight and volume ranges.

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:



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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 Consumer Equitability. 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 Consumer Equitability 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 or adjustment to the device, submit to the State Sealer of Consumer Equitability 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 Consumer Equitability determines that a service agency or agent has violated the provisions of NRS Chapter 581, the State Sealer of Consumer Equitability 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