



PLANT INDUSTRIES DIVISION

# APPLICATION FOR REGISTRATION

Form No. 1818 (Revised 1-25-2023)

Bureau of Standards  
4608 West 61st Street  
Little Rock, Arkansas 72209  
bureau@agriculture.arkansas.gov  
501.570.1159

Application is hereby made under the provisions of Arkansas Code 4-18-308. Requirements for the registration of servicepersons and service agencies for commercial weighing and measuring devices. To perform certain weights and measures services in respect to the competence presented for consideration by the Director.

- Please check all that apply:
- Scale Service
  - Meter Service
  - LPG Meter Service
  - New Applicant
  - Renewal

***Important Note:***  
*Please attach current Certificate(s) of Calibration for all testing equipment.*

Service Agency: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Has the applicant ever been registered as a service agency or serviceperson in Arkansas?  NO  YES Reg. No. \_\_\_\_\_

Does applicant have a working knowledge of the specifications and tolerances in NIST Handbook 44?  NO  YES

List all testing equipment applicant has in possession or available for use: \_\_\_\_\_

**NOTICE: Field certification of test measures may not be recognized by other states.**

Under agency registration, identification of individual servicepersons is required. Each registered service agency will maintain a current list of servicepersons employed by them on file with the Bureau of Standards. The applicant acknowledges all servicepersons employed by the registered service agency have knowledge and understand all laws, regulations, and rules governing weighing and measuring devices in the state of Arkansas. We/I understand the Bureau of Standards may revoke the registration for just cause. By signing this application below, applicant agrees to provide a copy of the most current adopted edition of NIST Handbook 44 for themselves and to each of the registered servicepersons listed on the back of this form.

_____ <small>(Signature of Responsible Person)</small>	_____ <small>(Printed Name of Responsible Person)</small>	_____ <small>(Date)</small>
_____ <small>(Signature of Witness)</small>	_____ <small>(Printed Name of Witness)</small>	_____ <small>(Date)</small>

**NOTE: Provide appropriate evidence or references as to applicant's qualifications by training and/or experience on reverse.**

Do not complete this section

- |          |                   |                          |                  |                   |                       |
|----------|-------------------|--------------------------|------------------|-------------------|-----------------------|
| SERVICE: | Category A Scales | <input type="checkbox"/> | Retail Meters    | Reg. Number _____ | Expiration Date _____ |
|          | Category B Scales | <input type="checkbox"/> | Wholesale Meters | Reg. Number _____ | Expiration Date _____ |
|          | Category C Scales | <input type="checkbox"/> | LPG Meters       | Reg. Number _____ | Expiration Date _____ |
|          | Category D Scales | <input type="checkbox"/> |                  |                   |                       |

Scale Expiration Date \_\_\_\_\_ Reg. Number \_\_\_\_\_

Date of Calibration of Standards: \_\_\_\_\_

Date Certificate Issued: \_\_\_\_\_

Recommendations of Arkansas W & M Official: \_\_\_\_\_

\_\_\_\_\_  
W & M Official Signature

