



**ARIZONA DEPARTMENT OF AGRICULTURE
WEIGHTS AND MEASURES SERVICES DIVISION**

1688 W. Adams Street, Phoenix, AZ 85007 <https://agriculture.az.gov>
 Phone: 602-542-3578 Fax: 602-542-0466
 E-mail: licensing@azda.gov State Ombudsman: 602-277-7292

REGISTERED SERVICE AGENCY (RSA)

APPLICATION

LICENSE FEE = \$24.00

BUSINESS NAME:							
ADDRESS:		CITY:	STATE:	ZIP CODE:			
PHYSICAL ADDRESS <i>(if previous is a PO Box):</i>		CITY:	STATE:	ZIP CODE:			
PHONE:	FAX:	E-MAIL:					
Does your company currently maintain a license, or has previously maintained a license as a Registered Service Agency with the State of Arizona or any other state*?				Yes	No		
If yes, please indicate the state(s) (including AZ)*:		1.	2.	3.	Has your license ever been suspended or revoked?	Yes	No

Type of device(s) your agency is qualified to install, service, or repair:

- | | | |
|-----------------------|-----------------------|----------------|
| Small Capacity Scales | Large Capacity Scales | Fueling Meters |
| Water Meters | LPG Meters | Vapor Recovery |
| Other _____ | | |

LIST CERTIFICATION STANDARDS that will be used by your RSRs to service and certify commercial devices and/or vapor recovery systems:					
STANDARD	SERIAL or ID #	STANDARD	SERIAL or ID #	STANDARD	SERIAL or ID #

I certify that _____ (company name) possesses the necessary standards and testing equipment to service and certify the commercial devices and/or vapor recovery systems for which we are requesting licensure. I also certify that the named company has full knowledge of all applicable regulations (specifically A.R.S. § 3-3454 and A.A.C. R3-7-601 through 604), will operate as an RSA in compliance with all legal requirements, and will only use certification standards that have been certified annually by the device manufacturer and/or NIST-traceable laboratory.

**OUT OF STATE AGENCIES: If your standards have been certified in a state other than Arizona, please enclose a copy of the Certification Report. Test standards shall be certified annually under A.A.C. R3-7-602(A)(3).*

RSA REPRESENTATIVE _____

SIGNATURE _____

DATE

Please submit completed form to AZDA Licensing by e-mail at licensing.wmsd@azda.gov or by fax to 602-542-0466.