



**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.wmsd@azda.gov State Ombudsman: 602-277-7292

VAPOR RECOVERY REGISTERED SERVICE

REPRESENTATIVE (RSR) APPLICATION

LICENSE FEE = \$4.80

(Invoice will be sent to RSA after applicant passes exam)

APPLICANT NAME:			EMPLOYED BY:		RSA#:
Were you licensed within the past year as an RSR?	Yes	No	If yes, indicate your RSR#:	Previous employer's RSA# (if applicable):	
Has your license ever been suspended or revoked?	Yes	No	If yes, indicate the year:	Reason for revocation:	

In order to demonstrate compliance with A.A.C. R3-7-601(C)(3), please provide the Division with the following information:

Indicate relevant experience and equipment and/or system certifications:		
MANUFACTURER	DATE OF CERTIFICATION	CERTIFICATION NUMBER

Indicate specific technical training on CARB Executive Orders:	
DESCRIPTION OF TRAINING	DATE OF TRAINING

APPLICANT: I will comply with applicable sections of A.R.S. Title 3, Chapter 19, A.A.C. Title 3, Chapter 7, and CARB Executive Orders. Falsification of any information on this form could result in revocation or denial of a license. I also understand that I may be subject to civil penalties under A.R.S. § 3-3475 if a violation occurs.

APPLICANT NAME _____ SIGNATURE _____ DATE

RSA: I certify that the applicant meets all legal requirements for an RSR license, and possesses the necessary technical knowledge, reference materials, and certified testing equipment to perform required RSR duties.

RSA REPRESENTATIVE _____ SIGNATURE _____ DATE

Please submit completed form in person at 1688 W. Adams Street, Phoenix, AZ 85007. To make an appointment call 602-542-4373.