



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

Mailing Address: 1802 W Jackson St #78, Phoenix, AZ 85007
Physical Address: 1110 W Washington St, Suite 450, Phoenix, AZ 85007
Phone: 602-542-3578 Fax: 602-542-0466 E-mail: licensing@azda.gov

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:	

Type of device(s) you are applying for: <i>(NOTE: Your RSA must be qualified to install this device type)</i>	Small Capacity Scales	Large Capacity Scales	Fueling Meters
	Water Meters	LPG Meters	Other _____
<i>(NOTE: Vapor Recovery applicants must use the Vapor Recovery Registered Service Representative (VRRSR) Application Form)</i>			

Indicate Specific Experience:

Indicate Specific Technical Training and Knowledge of NIST Handbook 44:

APPLICANT: I will comply with applicable sections of A.R.S. Title 3, Chapter 19, A.A.C. Title 3, Chapter 7, and NIST Handbook 44. 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 to AZDA Licensing in person at 1010 W Washington Street, Phoenix, AZ 85007. Hours: Mon-Fri 8:00 a.m.- 5:00 p.m.