



**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: 602-542-4373 E-mail: [dwm@azda.gov](mailto:dwm@azda.gov)

**VAPOR RECOVERY REGISTERED SERVICE**

**REPRESENTATIVE (RSR) APPLICATION**

LICENSE FEE = \$4.80

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

<b>APPLICANT NAME:</b>			<b>EMPLOYED BY:</b>		<b>RSA#:</b>
Were you licensed within the past year as an RSR?	<b>Yes</b>	<b>No</b>	If yes, indicate your RSR#:	Previous employer's RSA# (if applicable):	
Has your license ever been suspended or revoked?	<b>Yes</b>	<b>No</b>	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 1110 W Washington Street, Suite 450, Phoenix, AZ 85007. To make an appointment call 602-542-4373, option 4.*