



Colorado Department of Agriculture
 Inspection and Consumer Services Division
 Metrology Laboratory Program
 3125 Wyandot Street
 Denver, Colorado 80211-3824
 (303) 477-4220; FAX (303) 477-4248



480

DO NOT WRITE IN THIS BOX

APPLICATION TO SELL AND/OR SERVICE WEIGHING or MEASURING DEVICES

NAME: _____ BUS.PHONE: _____ DATE: _____
 (Print or Type)

ADDRESS: _____ CITY: _____ STATE _____ ZIP _____

(Check one) This business is operating as a(n) Individual/Sole Proprietorship Partnership Corporation
 Other (Describe): _____

If you are operating as an individual/sole proprietorship, you must complete the "Citizenship/Immigration Status Verification Form."

Place an X by each item you are applying for:

Sell Only Sell, Service, or Repair

License Number Issued: _____
License Fee: \$150.00/5 years
Copies of annual certificates of the test weights must be maintained by this office

Scale Capacities: Up to 100lbs Up to 2,000lbs Over 2,000lbs

Electronic Mechanical Grain Moisture Meter
 Fabric Meter Cordage Meter Other (Specify) _____

List service technicians (use reverse of this form if necessary): _____

List qualifications for license: _____

REFERENCES: Persons who can verify your qualifications:

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

NAME: _____ ADDRESS: _____ PHONE: _____

I HEREBY DECLARE THAT I UNDERSTAND AND WILL COMPLY WITH THE APPLICABLE SECTIONS OF THE COLORADO MEASUREMENT STANDARDS ACT (35-14, Colorado Revised Statutes), INCLUDING SECTIONS 105, 123 AND 124. I ALSO DECLARE THAT I UNDERSTAND AND WILL COMPLY WITH THE APPLICABLE REQUIREMENTS OF THE NATIONAL INSTITUTE OF TECHNOLOGY'S (NIST'S) HANDBOOK 44.

 Signature of Applicant or Authorized Representative

 Title

---MS OFFICE ONLY---

 Signature of Lead Metrologist

 Date