

State of New Hampshire

Department of Agriculture, Markets & Food Division of Weights and Measures State House Annex Building Mailing: PO Box 2042, Concord, NH 03302-2042 Physical: 25 Capitol Street, Rm 216, Concord, NH 03301 P: 603-271-3700 F: 603-271-1109 nhwm@agr.nh.gov www.agriculture.nh.gov



APPLICATION FOR SERVICE TECHNICIAN EXAM AND LICENSE

Pursuant to RSA 438; Agr 1404 and Agr 1405

⇒ Complete a typed application that is accurate. Applications will not be processed until all requirements are met. ⇒ Send the completed application via email or to the mailing address listed above. ⇒ Upon receipt of the completed application, the Division will notify the applicant and/or employer via email of the total amount due for exam and license fees, which depends on scheduled exam date. ⇒ Send a non-refundable check or money order to the above mailing address with the correct payment amount made payable to "Treasurer, State of NH". ⇒ Upon receipt of the payment, the Division will notify the applicant and/or employer via email of the reserved examination date and applicable exam information. ⇒ If you need additional information on the service technician examination and licensing process, see *For Service Technicians* on the NH Division of Weights and Measures website at www.agriculture.nh.gov.

| Name: | | | | | | |
|--|---|----------------------------|--|--|--|--|
| Last (full) | First (full) | Middle (full) | | | | |
| Mailing Address: | | 30/1 \ // | | | | |
| Street | City | State Zip | | | | |
| Personal Phone #: | Personal Email: | | | | | |
| Are you within 30 days of 18 years of age or older? | Yes No Date | of Birth: | | | | |
| Drivers License #: | State Issued: Expiration | <i>MM/DD/YYYY</i> Date: | | | | |
| Have you been licensed as a NH Service Technician in the past? Yes No | | | | | | |
| If you answered yes to the previous question, provide the name you used on your license: | | | | | | |
| Indicate your preferred exam dates (reference websit | <i>First Choice</i> te for exam listings): | Second Choice Third Choice | | | | |

EMPLOYER INFORMATION

| Company Name: | | | | DBA Name: | (If Applical | hle) | | |
|------------------|----------------|------------------|------------|----------------|--------------|--------------|---------------------------|------------------|
| Mailing Address: | reet or PO Box | ~ | City | | | - State | | Zip |
| Contact Person: | | 1 | E · | | Phone #: | | | |
| Fax #: | | | Email: | | <u> </u> | | | |
| DEVICE CATEG | ORIES | \mathbb{Z} | 25 | 280 | | | | |
| SCALES: | • // | | - | < | 1 | | 1 | |
| A 30 lbs or less | з в 🗖 : | 31 to 300 lbs C | 301 to | 3000 lbs | D 3 | 001 to 20 00 | 00 lbs | |
| E 20 001 and u | р F 🔽 | Vehicle Scales G | Analyt | tical Balances | R 🗌 L | ift Truck Or | nboard W | Veighing Systems |
| RETAIL MOTOR F | UEL DEVI | CES: | | 1 1 | | R | $\langle \rangle \rangle$ | |
| H Gasoline Pur | nps I | LP Gas Pumps J | Natur | ral Gas Pumps | - 4 | | | |
| LARGE VOLUME: | | | | | | | | |
| K Vehicle Tank | Meters L | Bulk Storage | Meters M | LPG Vehicl | e Tank Me | ters Q | Bulk M | lotor Oil Meters |
| OTHER: | | | | | 3 11- | | | |
| N 🔲 Taxi Meters | • | Linear & Cordage | Measures P | Farm B | ulk Milk T | anks | | |

APPLICANT SHALL READ, SIGN, AND DATE:

1) I understand that I shall pass a written examination for the device categories indicated above. 2) I understand that the only test standards to be used shall be those certified by an accredited laboratory and that I shall submit a certificate of calibration for all test standards used. 3) I certify that I possess the necessary standards and testing equipment to service the device categories for which I am requesting a license. 4) I certify that I have a current edition of NIST Handbook 44 and all relevant Examination Procedure Outlines. 5) I certify that I have a current copy of the New Hampshire code of administrative rules, Agr 1400, and that I shall operate in accordance with these rules. 6) I certify that there are no willful misrepresentations or falsifications in the information provided above. 7) I understand if an investigation discloses any willful misrepresentations or falsifications, my license shall be suspended and I shall be subject to penalties under RSA 438:40.

| Applicant Signature: | | Date: | | | | |
|-----------------------|-------------|-----------|-------------------|--|--|--|
| FOR DIVISION USE ONLY | | | | | | |
| DATE RECEIVED: | CHECK #: | EXAM FEE: | CERTIFICATE COPY: | | | |
| DATE RECEIVED: | CHECK #: | LIC. FEE: | SEAL PRESS COPY: | | | |
| EXAM DATE: | EXAM SCORE: | LIC. #: | | | | |