



Michigan Department of Agriculture & Rural Development

P.O. Box 30776, Lansing, MI 48909-8276 • 517-655-8202

LB-182 (11/18)

Reg. No: _____

Exp. Date: ____/____/____

In accordance with 1964 Public Act 283, as amended, Michigan Weights and Measures Act. These fees are non-transferable.

Serviceperson/Service Agency Registration

Agency Information (Sole Serviceperson Agency fill out both sections)

Agency Name: _____

Address: _____

City: _____ State: _____

County: _____ Zip: _____

Business Phone: (____) _____ Business Fax: (____) _____

Business Email (required): _____

Blank Space For Official Use Only

City: _____ State: _____ County: _____ Zip: _____

Contact Person (Legal Name): _____ Title: _____

Serviceperson/Owner Information

Serviceperson Name: _____

Federal/Tax ID No.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Note: Successful completion of NIST Handbook 44 and the P.A. 283 exams are mandatory for all applicants. Check each category boxes for which you are applying.

- (A) Agri. Chemical (B) Belt Conveyor (C) Livestock & Animal Scales (D) L.P. Gas Meters (E) Medium Capacity Scales (500 to 20,000 lb) (F) Railroad Track Scales (G) Retail Computing Scales (H) Retail Motor Fuel Dispensers (I) Vehicle and Axle-Load Scales (J) Vehicle Tank Meters (Other than LPG) (K) Loading Rack Meters (L) Mass Flow Meters (M) Multiple Dimension Measuring Devices (N) High Flow Retail Meters (O) Class II Scales

Certificate(s) showing all of your agency's standards and test equipment certified by Michigan's Metrology Laboratory or equivalent laboratory MUST be submitted with AGENCY'S APPLICATION, as well as, your company's test report (calibration report). Certification(s) must be within the past two years.

Biennial Registration Fees

AOBJ: 0225

\$300 Service Agency \$100 Serviceperson

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page.

I certify the above information to be accurate and complete. This application CANNOT be processed without a signature and date.

Authorized Signature: _____ Date: _____

Please print your name here: _____

Title: _____



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