



**Michigan Department of Agriculture & Rural Development**  
PO Box 30776, Lansing, MI 48909-8276

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

Registration Number:  
Expiration Date:

**Serviceperson / Service Agency Registration**

Blank Space For  
Official Use Only

**Agency Information (Sole Serviceperson Agency fill out both sections)**

Agency Name:  
Business email (required)  
Address: City:  
State: Zip:  
Business Phone:  
Contact Person: (legal name) Title:

**Serviceperson / Owner Information**

Federal / Tax ID #

Person Name: Email: (required)  
Address: City:  
State: Zip:  
Phone:

*Successful completion of NIST Handbook 44 and PA 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
  - (P) EV Fueling Systems

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**. Certification(s) must be within the past two years.

Biennial Registration Fees  \$300 Service Agency  \$100 Service Person

Please make check/money order payable to the State of Michigan and submit to the address at the top of the page. For credit cards, email the completed application to the MDOT Cashier @ MDOT-ASC-Cashier@michigan.gov then call them @ 517-241-6001 to make a payment. The application must be emailed prior to making the payment. E-mail the payment receipt and the application to: Hartmanr4@Michigan.gov

**AOBJ: 0225**

Authorized Signature: Date:  
Printed Name: Title: