



Michigan Department of Agriculture
 P.O. Box 30776, Lansing, MI 48909-8276 • 517-241-6666

LB-182 (05/08)

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

Reg. No.:	_____
Exp. Date:	___/___/___
Cert. No.	_____

Serviceperson/Service Agency Registration

Status:	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	Agency MI Registration No.:	_____
	<input type="checkbox"/> No Longer Needed	<input type="checkbox"/> Renewal Person MI Registration No.:	_____	

Agency Information (Sole Serviceperson Agency fill out both sections)

Agency Name:	_____		
Address:	_____		
City:	_____	State:	_____
County:	_____	Zip:	_____
Business Phone: (____) _____	Business Fax: (____) _____		
Business Email:	_____		
Mailing address if different from above: Street or P.O. Box:	_____		

City:	_____	State:	_____
County:	_____	Zip:	_____
Contact Person:	_____	Title:	_____

Blank Space
For Official Use Only

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.

- | | |
|---|---|
| <input type="checkbox"/> (A) Agri. Chemical/Mass Flow Meters | <input type="checkbox"/> (H) Retail Motor Fuel Dispensers |
| <input type="checkbox"/> (B) Belt Conveyor Scales | <input type="checkbox"/> (I) Vehicle and Axle-Load Scales |
| <input type="checkbox"/> (C) Livestock & Animal Scales | <input type="checkbox"/> (J) Vehicle Tank Meters (Other than LPG) |
| <input type="checkbox"/> (D) L.P. Gas Meters | <input type="checkbox"/> (K) Loading Rack Meters |
| <input type="checkbox"/> (E) Medium Capacity Scales (500 to 5,000 lb) | <input type="checkbox"/> (L) Mass Flow Meters |
| <input type="checkbox"/> (F) Railroad Track Scales | <input type="checkbox"/> (M) Multiple Dimension Measuring Devices |
| <input type="checkbox"/> (G) Retail Computing Scales | |

Certificate(s) showing all your agency's standards and test equipment certified by Michigan's Metrolgoy Laboratory or equivalent laboratory **MUST** be submitted with **AGENCY'S APPLICATION**. Certification(s) must be within the past two years.

Biennial Registration Fees

AOBJ: 0225

<input type="checkbox"/> \$300.00 Service Agency	<input type="checkbox"/> \$100.00 Serviceperson
Payment Method: Check/Money Order No. _____	Amount enclosed: _____
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: _____

