North Carolina Department of Agriculture and Consumer Services
Standards Division – Metrology Laboratory

4400 Reedy Creek Rd, Raleigh, NC 27607
1051 Mail Service Center, Raleigh, North Carolina 27699-1051
Telephone (984) 236-4800 Fax (919) 831-1325 e-mail: StdTechnician@ncagr.gov

APPLICATION FOR REGISTRATION AS A SCALE TECHNICIAN

(Please print or type all information in black or blue ink.)

Applicant's Name _____ Home Phone: ( ) _____ Age: _____

Home Address _____ City _____ State _____ Zip Code _____

I am employed by: _____ Business Phone: ( ) _____

Business Address _____ City _____ State _____ Zip Code _____

This business is located in _____ County.

1. I do hereby apply for registration as a Scale Technician in the State of North Carolina in accordance with Chapter 81A, Article 6, of the General Statutes of North Carolina.
2. **I have enclosed a check written to the NC Department of Agriculture & Consumer Services in the amount of $20.00 per technician to cover the cost of this registration.**
3. I have had _____ years experience in the service, installation, repair, and maintenance of weighing devices.
4. I affirm that I understand and will comply with the applicable sections of the Weights and Measures Act (Chapter 81A of the NC General Statutes) and the Weights and Measures Regulations of the North Carolina Department of Agriculture & Consumer Services (Title 2, Chapter 38 of the NC Administrative Code).
5. I affirm that I understand and will comply with the applicable sections of NIST, Handbook 44, *Specifications,* Tolerances*, and Other Technical Requirements for Weighing and Measuring Devices.*
6. I have adequate NIST class F weights to test scales according to the requirements of NIST Handbook 44. My test weights were officially tested and certified by the following State or accredited laboratory:

State or Accredited Laboratory _____ Test Date (Month / Day / Year) _____ Test Number _____

**** A copy of the test report must be attached if the weights were not tested by the North Carolina Metrology Laboratory ****

I do hereby certify by my signature below that all of the information listed herein is correct,

Applicant's Signature _____ This the _____ day of _____ , 20 _____

The Standards Division does not consider criminal history in the issuance of this license

***** NOTE *****

Per North Carolina General Statute § 81A-80, *Suspension or revocation of registration; penalty*:

(a) The Commissioner may suspend or revoke the registration of any scale technician who violates any provisions of this Article or regulations adopted thereunder or who shall fail to issue a service certificate or who shall issue a service certificate bearing false statements regarding service rendered.

(b) Any person who violates any provision of this Article shall be guilty of a Class 2 misdemeanor.

Optional Information:

Fax number ( ) _____ E-mail address: _____