

**\*\*Registration is valid from January 1<sup>st</sup> or date of approval through December 31<sup>st</sup>\*\***

**South Dakota Weights & Measures Service Agencies & Technicians**

**Office of W&M 118 W Capitol Ave Pierre SD 57501**

[dpswm@state.sd.us](mailto:dpswm@state.sd.us)

**605-773-3697**

Office Use Only

SA Number \_\_\_\_\_  
Date Received \_\_\_\_\_  
Check # \_\_\_\_\_  
Approved By \_\_\_\_\_  
Date \_\_\_\_\_  
Calibration Due Dates \_\_\_\_\_

Service Agency Use

Service Agency (\$69.00) \_\_\_\_\_  
Service Techs (\$10.00 each) \_\_\_\_\_  
Total \$ Enclosed \_\_\_\_\_

Company Name:

Physical & Mailing Addresses:

City/State/Zip:

Contact Person:

Telephone Number: Office:

Cell:

E-mail address:

*Please select ONE of the following as it pertains to you:*

- Our technicians service devices **ONLY** within our company  
 Our technicians service customer's devices **OUTSIDE** of our company

Services provided by Agency or Individual:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> Small Scales up to 30#    | <input type="checkbox"/> LPG Meters  |
| <input type="checkbox"/> Scales 30# to 10,000#     | <input type="checkbox"/> Fuel Meters |
| <input type="checkbox"/> Scales 10,000# to 60,000# | <input type="checkbox"/> Pumps       |
| <input type="checkbox"/> Scales over 60,000#       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Scales _____ # to _____ # |                                      |

Test Equipment available to accomplish above services: **Please mark how many of each you have.**

RR Car _____	Weight Cart 2500lb _____	Test Weights 25lb _____	LP Prover 50gal _____
Test Truck _____	Test Weights 2500lb _____	Test Weight 20kg _____	LP Prover 5gal _____
Baskets _____	Test Weights 2000lb _____	Test Weight 10kg _____	Fuel Prover 100gal _____
Weight Cart 5000lb _____	Test Weights 1500lb _____	Test Weight 5kg _____	Fuel Prover 50gal _____
Weight Cart 4500lb _____	Test Weights 1000lb _____	Test Weight 1kg _____	Fuel Prover 5gal _____
Weight Cart 4000lb _____	Test Weights 500lb _____	Weight Kit(Metric) _____	Separate Equipment:
Weight Cart 3500lb _____	Test Weights 100lb _____	Weight Kit(English) _____	_____
Weight Cart 3000lb _____	Test Weights 50lb _____	LP Prover 100gal _____	_____

\* If your calibrations were completed by the **State of SD Metrology Lab**, please provide a Report # \_\_\_\_\_ and we will look it up. If your calibrations were completed elsewhere, fill out the following and attach your calibration reports.

**List the date and provider of your most current calibration reports for equipment that will be used to service Devices in South Dakota. You **MUST ATTACH** the calibration reports for **ALL** the equipment.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

# SERVICE TECHNICIANS

INCLUDE ALL TECHNICIANS WORKING IN THE STATE OF SOUTH DAKOTA

(Make a copy before completing if you have more than 6 service technicians.)  
(If you wish for your technicians to utilize their previous technician permit numbers, please notate below.)

Name: \_\_\_\_\_ Permit #01 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

Name: \_\_\_\_\_ #02 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

Name: \_\_\_\_\_ #03 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

Name: \_\_\_\_\_ #04 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

Name: \_\_\_\_\_ #05 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

Name: \_\_\_\_\_ #06 \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Devices qualified to service: \_\_\_\_\_

**\*\*THIS PORTION MUST BE COMPLETED OR YOUR APPLICATION WILL BE RETURNED TO YOU\*\***

**THE REGISTERED SERVICE TECHNICIAN(S) AND SERVICE AGENCY HEREBY CERTIFY THAT:**

1. The service technicians employed by this agency are qualified to install, service, repair, or recondition all devices for the company being registered. Such service technicians have a full working knowledge of all appropriate weights and measures laws, orders, and regulations of the Office of Weights and Measures. Such service technicians also have a full knowledge of the requirements of the National Institute of Standards and Technology Standards and the Packers and Stockyards Administration relating to the servicing of weights and measures devices.
2. All standards and testing equipment necessary to perform the work of such Service Technicians or Service Agency is available for use and such standards and testing equipment will be calibrated annually as required by the Weights and Measures Laws and Regulations of the State of South Dakota.
3. Competence will be exhibited in the repair, adjustment, and maintenance of commercial weighing and measuring devices. All devices calibrated will be set **as close to zero as possible**. (SDAR 20:01:06:09)
4. All copies of placed-in-service test reports will be promptly sent to the Office of Weights and Measures within seven days of completion of work, whether a device has been installed, serviced, repaired, or reconditioned.

**CERTIFICATION OF APPLICANT**

\_\_\_\_\_ hereby certifies that the information contained in this application  
(please print name) is true and correct to the best of my knowledge.

**I authorize investigation of all statements contained in the application.  
I understand that misrepresentation or omission of the  
facts called for in this application is cause for cancellation of the registration.**

\_\_\_\_\_  
(signature of person executing application)

SEAL

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

**AS A SERVICE TECHNICIAN REGISTERED WITH THE STATE OF SOUTH DAKOTA, I CERTIFY THAT:**

1. I am qualified to install, service, repair, or recondition all devices for the company being registered. I have a full working knowledge of all appropriate weights and measures laws, orders, and regulations of the Office of Weights and Measures. I also have full knowledge of the requirements of the National Institute of Standards and Technology Standards and the Packers and Stockyards Administration relating to the servicing of weights and measures devices.
2. All standards and testing equipment I have available for use will be calibrated annually as required by the Weights and Measures Laws and Regulations of the State of South Dakota.
3. I will exhibit confidence in the repair, adjustment, and maintenance of commercial weighing and measuring devices. All devices calibrated will be set **as close to zero as possible**. (SDAR 20:01:06:09)
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_