



Department of Agriculture

Governor John R. Kasich • Lt. Governor Mary Taylor
Director David T. Daniels

Division of Weights & Measures
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Phone: 614-728-6290 • Fax: 614-728-6424
www.agri.ohio.gov • weights@agri.ohio.gov

DATE: _____ OHIO REGISTRATION #: _____
NAME: _____ COMPANY AFFILIATION: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____ EMAIL ADDRESS: _____

APPLYING FOR: [] Scale Serviceperson [] Meter Serviceperson
1. Have you ever been registered as a serviceperson in another state? [] Yes [] No
2. Have you ever had a registration suspended or revoked? [] Yes [] No
3. Have you ever been convicted of a felony? [] Yes [] No

INDICATE DATE/TIME YOU WOULD LIKE TO TAKE EXAM
AM OR PM (CIRCLE)
/ /

Please check the category(s) for which you are applying:

[] Railroad Track Scales [] Livestock & Animal Scales [] Agri. Chemical Meters
[] Hopper & Crane Scales [] Bench Scales [] Motor Fuel Dispensers
[] Belt Conveyor Scales [] Class II Scales [] Kerosene Dispensers
[] Large Capacity Platform Scales (40,000 lbs. & greater) [] Computing Scales [] High Flow Diesel
[] Platform Scales (Less than 40,000 lbs.) [] Grain Moisture Meters [] Timing Devices
[] Medium Capacity Scales (500 to 5,000 lbs.) [] Bulk Rack Meters [] Other (please specify):
[] Vehicle Tank Meters (Other than L.P. Gas) [] L.P. Gas Meters 1. _____
[] CNG/LNG/Hydrogen [] Electric Car Meters 2. _____

PAYMENT REQUIRED:

Remittance of \$25 due AT time of Application and \$75.00 due AT TIME OF EXAM and made payable to: "Treasurer State of Ohio". Payment by check or money order only NO CASH

Payment Method: [] Check # _____ [] Money Order [] Credit Card (Need Number, expiration date, CVG)
Amount: \$25 EACH Application Fee due with Application - \$75.00 Test Fee at the time of Test

INSTRUCTIONS:

- 1. Submit this application form with \$25 each application fee, check the appropriate boxes and submit report form(s) for the device category(s) for which you are applying.
2. Must submit calibration reports for equipment and a copy of your "Placed in Service Form".
3. \$75.00 fee No Cash Is Accepted. Check or Money Order only accepted on at time of exam.
4. INDICATE DATE/TIME YOU WILL ATTEND CLASS [] AM or PM (Circle One)

FOR OFFICE USE ONLY:

[] Acceptable Report Forms [] Registration: [] Date:
[] Certified Standards [] Approved
[] Examination Completed [] Denied
[] Registration Fee Paid Assigned Registration Number:

