

Oklahoma Department of Agriculture
Consumer Protection Services
PO BOX 528804
Oklahoma City, Oklahoma 73152-8804
Phone 405/522-5968 FAX 405/522-4584

Rev Code 391 Amount Paid: _____ Card #: _____ Type of Card: _____ Master Card _____ Visa Exp Date (MM/YYYY) _____ Signature of Name on Card _____

APPLICATION FOR APPRENTICE SERVICE TECHNICIAN LICENSE

NAME OF APPLICANT: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
HOME PHONE: (____) _____
BUSINESS PHONE: (____) _____ FAX NUMBER: (____) _____

AGENCY EMPLOYED BY: _____
MAILING ADDRESS: _____
CITY, STATE, ZIP: _____
SERVICE AGENCY PHONE: (____) _____
SERVICE AGENCY LICENSE NUMBER: _____

In accordance with 2 O.S. § 14-61 et Seg. I hereby make application for the license specified below:

- ___ Category (1) Scales, capacity 100 or less pounds
- ___ Category (2) Scales, capacity 100 but not more than 1,000 lbs
- ___ Category (3) Scales, capacity 1,000 but not more than 40,000lb
- ___ Category (4) Scales, capacity 40,000 pounds and more
- ___ Category (5) Moisture Meters
- ___ Category (E) Electronic Indicators, and Computer linked sys.

A FEE OF TEN DOLLARS (\$10.00) FOR ISSUANCE OF A LICENSE FOR AN APPRENTICE SERVICE TECHNICIAN MUST ACCOMPANY LICENSE.

LIST ALL LICENSED SERVICE TECHNICIANS YOU WILL BE TRAINING WITH

SERVICE TECHNICIAN NAME:	LICENSE NUMBER:	CATEGORY:
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that the information provided herein is true correct to the best of my knowledge and belief.

In signing this application, I understand and agree to comply with the provisions of 2 O.S. § 14-61 et Seg. and to keep such records and reports as are required. I agree to have in my possession the Apprentice Service Technician License during all service of weighing an measuring devices and will make the license and records available to the board or its authorized agents.

SIGNATURE: _____ DATE: _____
(APPLICANT)