

Weights and Measures Training Registration

Please fill out the form below to register for Weights and Measures training and testing dates.

NIST Handbook 44, Specifications, Tolerances and other Technical Requirements for Commercial Weighing and Measuring devices is available from the Superintendent of Documents, U.S. Government Printing Office. Washington, D.C., 20402; online at <http://ts.nist.gov/ts/htdocs/230/235/owmhome.htm>; <http://ts.nist.gov/ts/htdocs/230/235/ownhome.htm>, or by joining the National Conference on Weights and Measures.

By submitting this form, I hereby agree that if this application is approved and the Registration and Permit granted, I will not remove Rejection Tags from a device nor issue a Device Installation Report (DI-701) unless I find, as a result of inspection and test, that the device meets all of the requirements of the laws, specifications, tolerances, rules and regulations applicable to same. I further agree that the State Department of Agriculture may cancel my Registration and revoke my permit for good cause, after a hearing thereon. Should my Registration be cancelled and my permit revoked, I will surrender my registration certificate to the Department of Agriculture immediately.

* Required

Personal Information

1. **Date of Birth ***

Type your birth date or select it from the drop down list.

.....
Example: December 15, 2012

2. **Legal First Name ***

.....

3. **Legal Middle Initial ***

.....

4. **Legal Last Name ***

.....

5. **Social Security Number**

Please type number with no dashes, spaces or special characters. If you do not provide your social security number now, it will be required upon check-in on the day of training.

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6. **Ethnicity**

Mark only one oval.

- White
- Asian
- Black / African American
- American Indian / Alaska Native
- Hispanic / Latino
- Native Hawaiian / Other Pacific Islanders

7. **Legal Address ***

Number and Street

.....

8. **City ***

.....

9. **State ***

Mark only one oval.

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland

- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

10. **County of Residence ***

Example: Barton

.....

11. **Zip Code ***

.....

12. **Email Address ***

.....

13. **Employer ***

.....

14. **Employer Address ***

Please include street address, city, state and zip code.

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Course Registration

15. **Select Training Location ***

Mark only one oval.

Great Bend *Skip to question 16.*

Manhattan *Skip to question 17.*

Great Bend Location Registration

16. **Select Training Option ***

Check all that apply.

January 30 - Retail Scales - 28280

March 10 - Mass Flow - 28327

March 10 - Retail Scales - 28328

March 11 - Small Scales - 28326

March 11 - Large Scales - 28325

May 20 - Small Scales - 28323

May 20 - Large Scales - 28324

May 21 - Small Scales - 28322

May 21 Large Scales - 28321

Skip to question 18.

Manhattan Location Registration

17. Select Training Option *

Check all that apply.

- March 16 - Mass Flow
- March 16 - Retail Scales
- March 17 - Small Scales
- March 17 - Large Scales
- March 18 - Small Scales
- March 18 - Large Scales
- March 19 - Large Scales
- March 19 - Retail Scales

Experience and Equipment

18. Please describe the extent of your training and experience: *

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.....

.....

.....

.....

19. Which license do you wish to receive? *

Select all that apply.

Check all that apply.

- Large Scale
- Small Scale
- Retail Scale
- Mass Flow Meters

20. What test equipment do you have available? *

Check all that apply.

Check all that apply.

- Test Kits
- 50 pound weights
- 1000 pound weights

21. Last date test equipment was certified: *

.....

22. **What is the NIST-approved Lab that certified test equipment? ***

.....

23. **Do you have a current copy of the NIST Handbook 44? ***

Mark only one oval.

Yes

No

Skip to question 24.

Payment and Submission

The fee for each training session is \$20. Payment options are available below.

24. **Payment Options ***

Checks can be mailed to the Workforce Training and Economic Development secretary at:
Barton Community College, attn: Kristan Connell 245 NE 30 Rd Great Bend, KS 67530

Mark only one oval.

Credit Card

Third Party Billing

Will Mail Check

25. **Electronic Signature ***

Type your full name below to submit an electronic signature.

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