

KENTUCKY DEPARTMENT OF AGRICULTURE

Division of Regulation and Inspection 107 Corporate Drive Frankfort, KY 40601 Phone: (502) 573-0282 Fax: (502) 573-0303 www.kyagr.com

APPLICATION FOR SERVICE AGENCY REGISTRATION

Service Agency Program - KRS 363.330 to 363.350 Due Annually by January 31

Application Date		Signature	
Licen	se Number	(to be assigned by office)	
□ N	EWLY OPENED BUSINESS (First time	ownership)	
□ P	REVIOUSLY OWNED BUSINESS If pre	eviously owned, indicate former license number and name:	
	ness Information: cal Address (911 address, street, or high	nway)	
•	Business Name:		
	Address:		
	City:	StateZip	
	County:	E-Mail:	
	Business Phone: ()	Fax: ()	
	Device Type:	Contact:	
	City:	StateZip	
	g/License Renewal Address lete the following if your billing address is	different than the business location and/or mailing address.	
	Billing Name:		
	Address:		
	City:	StateZip	
	Business Phone: ()	Fax: ()	
	Contact:	E-Mail:	
Type	of Device Serviced: Indicate (x) for se	erviced devices	
	ES Small Capacity < 101 lbs. Medium Capacity 101-2000 lbs. Large Capacity > 2000 lbs. Tobacco Livestock Belt	METERS Retail Fuel Dispenser High Volume Fuel Dispenser Vehicle Tank Liquid Propane	

Registration Fee is \$50.00 for the agency and \$20 for each service person. Your check or money order should be made payable to the KENTUCKY STATE TREASURER. Please return your application and fee to the above address.

REGISTERED SERVICE PERSON LIST

(Please indicate the service person(s) you wish to register)

Name(<u>s)</u> :
1.	
8.	
9.	
10.	
11.	
12.	
13.	
21.	
22.	
23.	
24.	