



North Carolina Department of Agriculture and Consumer Services

Standards Division – Standards Laboratory

1051 Mail Service Center
Raleigh, North Carolina 27699-1051
Telephone (919) 733-4411 Fax (919) 733-8804

APPLICATION FOR REGISTRATION - PETROLEUM DEVICE TECHNICIAN

(Note: Fill out in ink or other indelible substance - Please Print / or Type)

I, _____ Home Phone: (_____) _____ - _____ Age: _____
(Full Name)

_____ Home Address _____ City _____ State _____ Zip Code

do hereby apply for registration as a Petroleum Device Technician in the State of North Carolina in accordance with North Carolina Gasoline & Oil Regulations (Title 2, Chapter 42, Section .0700 of the North Carolina Administrative Code.)

I am employed by: _____ Business Phone: (_____) _____ - _____ ext _____

_____ Business Address _____ City _____ County _____ State _____ Zip Code

1. I have had _____ years experience in the service, installation, repair, and maintenance of petroleum devices and affirm that I understand and will comply with the applicable sections of the Gasoline & Oil Inspection Law (Chapter 119 of the NC General Statutes), North Carolina Gasoline & Oil Regulations (Title 2, Chapter 42 of the NC Administrative Code) of the North Carolina Department of Agriculture & Consumer Services, and to the General and Liquid Measuring Device Code Sections of the currently adopted edition of NIST (formerly NBS) Handbook 44.
2. If registered, I will test each retail pump, meter, or other liquid measuring device, which I install, repair, or adjust, with a 5 gallon or 20 liter test measure which has been sealed by the State of NC or another certified lab **since October 1 of the year preceding this registration period.** List device test information below.

< OR >

If registered, I will test each wholesale meter with a prover that has been sealed by the state of North Carolina or another NIST recognized lab **within the past three (3) years.** List device test information below.

_____ gallons	_____	_____ / _____ / 20	_____
Volume of Test Measure / Prover	State	Test Date (mm/dd/yyyy)	Test Number

**Test measure or prover inspection information must be listed before this application can be processed.
A copy of test report must be attached if test measure / prover was not tested by North Carolina**

3. I fully understand that my registration is subject to revocation due to misrepresentation of fact, incompetency, or failure to render satisfactory service on my part.
4. I will make all adjustments to as near zero error in accuracy as possible.

5. I will seal all adjustments with a lead and wire seal stamped with a 'bulldog' sealer with my three (3) initials on one side and the current year on the other.

A lead and wire seal as described above must be attached before this application can be processed.

6. I will notify the director's office of the fact that I have repaired or adjusted a rejected pump, meter, or other liquid measuring device, giving the name of owner, location, and date service rendered, and my registration number, and mail this notice the same day repair or adjustment is made.

7. FOR NEW TECHNICIANS ONLY. If I was not licensed for the year preceding this registration period, I have attached two letters of recommendation which were solicited but not dictated by me.

8. State Legislators have approved a \$20 license fee effective July 1, 2009. **Please enclose the required \$20 fee.**

Applicant's
Signature _____ This the _____ day of _____, 20_____

Optional Information:
Fax number (_____) _____ - _____ E-mail address: _____