



Official Use Only

# APPLICATION FOR REGISTERED PRICE VERIFICATION INSPECTOR

PLEASE READ ALL INSTRUCTIONS CAREFULLY

**INSTRUCTIONS:** Type or print in ink-**no pencil**. Complete every applicable section on this application **or it will be returned to you**. Applications **must be signed and dated** at the bottom of this form for consideration.

Date of Birth: \_\_\_\_\_ DD/MM/YYYY

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street

City State ZIP

Contact Info: \_\_\_\_\_  
Home - Telephone Work-Telephone

E-mail Address: \_\_\_\_\_

Please check one of the following:  Self-Employed  Other

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

City/State/Zip: \_\_\_\_\_  
City State ZIP

## CERTIFICATION

I hereby verify that the facts contained on this form are true and correct to the best of my knowledge and information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**This form must be returned to:**  
BUREAU OF RIDE & MEASUREMENT STANDARDS  
PA DEPARTMENT OF AGRICULTURE  
2301 NORTH CAMERON STREET  
HARRISBURG PA 17110-9408  
(717) 787-9089 Fax (717) 783-4158

OFFICIAL USE ONLY:

TRAINING DATE:  
INSTRUCTOR:

LOCATION:  
TEST SCORE: