



Colorado Department of Labor and Employment  
 Division of Oil and Public Safety - Petroleum Program  
 633 17<sup>th</sup> Street, Suite 500  
 Denver, CO 80202-3610

Phone: 303-318-8525  
 Fax: 303-318-8488  
 Email: [cdle\\_oil\\_inspection@state.co.us](mailto:cdle_oil_inspection@state.co.us)  
 Web: [www.colorado.gov/ops](http://www.colorado.gov/ops)

## Individual Application to Adjust and Seal Retail Motor Fuel Meters in Colorado

(Revised 6/7/2019)

Submit this completed form and the [Requirements for Adjusting and Sealing Retail Meters in Colorado](#) form to the Division of Oil and Public Safety (OPS) within **7 days** via email (Subject: RSA) using the information above.

Application Type:     New                       Renewal

### Applicant Information

Name:			
Mailing Address:		City/State/ZIP:	
Company Name:		Phone Number:	
Email Address:		Cell Phone Number:	

List all other states in which the undersigned individual is authorized to adjust retail meters.	
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Has any state ever rescinded the undersigned individual's authorization to adjust retail meters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the answer is yes, provide details here.</i>
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List all manufacturers that have authorized the undersigned individual to calibrate and adjust its retail meters.	
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Has any manufacturer ever rescinded its authorization to allow the undersigned individual to calibrate and adjust its retail meters?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the answer is yes, provide details here.</i>
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### Notarized Applicant Certification

**The undersigned certifies to each of the following.**

- I have read the attached document entitled [Requirements for Adjusting and Sealing Retail Meters in Colorado](#) and I agree to abide by all provisions of this document.
- Documentation exists to verify the licensing or certification by other states or meter manufacturers identified above. I will provide this document to OPS upon request.

Applicant Name:		Title:	
Applicant Signature:		Date:	

Subscribed and sworn to before me in \_\_\_\_\_ County, State of \_\_\_\_\_,  
 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_