



Weights and Measures Services Division

Deputy Weighmaster Application

Pursuant to A.A.C. R3-5-501

About the Applicant (please print legibly):

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Email Address (if applicable): _____

By signing this application, I affirm I know and understand the weighmaster laws (A.R.S. § 3-3453) and rules (A.A.C. Title 3, Chapter 7, Article 5), have read and understand the information contained herein, and attest that all information provided is true and correct. Furthermore, I understand providing false information in the State of Arizona is a felony.

Applicant's Signature: _____ Date: _____

About the Public Weighmaster (please print legibly):

Name: _____ Public Weighmaster No.: _____

Company Name: _____ BMF No.: _____

Please list any additional BMF No.; if applicable. In accordance with A.A.C. R3-7-501 (C), a separate application shall be submitted for each location the public weighmaster or deputy weighmaster will issue weigh tickets.

BMF No.: _____ BMF No.: _____ BMF No.: _____

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BMF No.: _____ BMF No.: _____ BMF No.: _____

BMF No.: _____ BMF No.: _____ BMF No.: _____

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct. I am responsible to ensure that the Deputy Weighmaster is adequately trained and properly licensed. Furthermore, I understand providing false information in the State of Arizona is a felony.

Public Weighmaster's Signature: _____ Date: _____