



## Weights and Measures Services Division

**Public Weighmaster Application      Fee: \$48.00      Pursuant to A.A.C. R3-5-501**

**About the Applicant** (please print legibly):

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email Address (if applicable): \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Location: \_\_\_\_\_

**Scale Owner Information** (if different from the business above):

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

**Seal Request:**  Stamp       Hand Held Press       Desktop Press

**Deputy Weighmaster(s) at the above location** (if applicable):

I am responsible for each of the Deputy Weighmasters listed and ensure they are adequately trained and licensed according to the laws and rules. Each of the following is at least 18 years of age.

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

*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 (front and back); and attest that all information provided is true and correct. Furthermore, I understand providing false information in the State of Arizona is a felony.*

Public Weighmaster's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Other Locations where you will be a Public Weighmaster (if any):** 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.

1. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

2. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

3. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

4. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

5. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x

6. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Owner Name: \_\_\_\_\_ BMF No.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Scale Type:  Vehicle Scale  Other Deck/Platform Size: \_\_\_\_\_ Capacity: \_\_\_\_\_ lbs. x