



## 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.: \_\_\_\_\_

BMF No.: \_\_\_\_\_ BMF No.: \_\_\_\_\_ BMF No.: \_\_\_\_\_

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: \_\_\_\_\_