LIMITED PUBLIC WEIGHMASTER APPLICATION
LICENSE FEE = no charge

PLEASE PRINT

APPLICANT NAME: ___________________________  D.O.B: ____________

BUSINESS NAME: ___________________________  PHONE: ____________  FAX: ____________

BUSINESS ADDRESS: ___________________________  CITY: ____________  ZIP: ____________

PHYSICAL LOCATION: ___________________________

VEHICLE SCALE DECK/PLATFORM SIZE: _______  CAPACITY: _______ lb

DESCRIBE YOUR EXPERIENCE IN THE USE OF THE SCALE INDICATED ABOVE:

______________________________________________________________________________
______________________________________________________________________________

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 PRINTED NAME: ___________________________  APPLICANT SIGNATURE: ___________________________  DATE: ____________

DEPT USE: ___________________________  LICENSED ISSUED: ___________________________

DWM-159 (Rev 12/2019)