



**ARIZONA DEPARTMENT OF AGRICULTURE
WEIGHTS AND MEASURES SERVICES DIVISION**

Mailing Address: 1802 W Jackson St #78, Phoenix, AZ 85007
 Physical Address: 1110 W Washington St, Suite 450, Phoenix, AZ 85007
 Phone: 602-542-3578 Fax: 602-542-0466 E-mail: licensing@azda.gov
 Web: agriculture.az.gov State Ombudsman: 602-277-7292

**DEPUTY PUBLIC WEIGHMASTER
APPLICATION**

| | | | |
|--|-------------------|------------------------|------------------|
| About the applicant: | | | |
| NAME: | | TELEPHONE: | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |
| <i>Location where you will serve as a Deputy Public Weighmaster (note that a separate application must be filed for each location where you will issue weight certificates):</i> | | | |
| LOCATION NAME: | | TELEPHONE: | |
| MAILING ADDRESS: | CITY: | ZIP CODE: | |
| Who is the Public Weighmaster at this location? | | | |
| NAME: | | WEIGHMASTER LICENSE #: | |
| Are you a Deputy Public Weighmaster at any other location in Arizona? | | | |
| 1 | NAME: | | TELEPHONE: |
| | PHYSICAL ADDRESS: | CITY: | ZIP CODE: BMF #: |
| 2 | NAME: | | TELEPHONE: |
| | PHYSICAL ADDRESS: | CITY: | ZIP CODE: BMF #: |
| 3 | NAME: | | TELEPHONE: |
| | PHYSICAL ADDRESS: | CITY: | ZIP CODE: BMF #: |

APPLICANT:

I certify that I am at least 18 years old, and that I have a thorough knowledge and understanding of the laws, rules, and policies that apply to a Deputy Public Weighmaster in the State of Arizona.

APPLICANT NAME _____ SIGNATURE _____ DATE

PUBLIC WEIGHMASTER:

I certify that the applicant has a thorough knowledge and understanding of the laws, rules, and policies that apply to a Deputy Public Weighmaster in the State of Arizona. In addition, I understand that I am responsible for ensuring that the applicant is adequately trained and licensed according to A.R.S. § 3-3453 and Arizona Administrative Code Title 3, Chapter 7, Article 5.

PUBLIC WEIGHMASTER NAME _____ SIGNATURE _____ DATE