



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

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**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