



# Arizona Department of Weights & Measures

1688 W. Adams Street, Phoenix, Arizona 85007  
(602) 542-3578/ FAX (602) 542-0466  
<https://dwm.az.gov/>

## Test Taker Contact Form

Full Legal Name: \_\_\_\_\_  
(REQUIRED - First Name, Middle Name, Last Name – NO INITIALS)

Business (Employer) Name: \_\_\_\_\_

RSA#: \_\_\_\_\_ (if applicable)

Business (Employer) Address:

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

License No.: \_\_\_\_\_ (if licensed in Arizona)

### What credential and category are you testing for? Check all that apply

Weighmaster:  Public Weighmaster  Deputy Public Weighmaster

Registered Service Representative:  Fuel Dispenser  Propane

Small Scales  Large Scales

Water Meters  Taxi

Meter Timing Device  Liquid Measure

Have you taken and failed any of the exams listed within the preceding 6 months?  Yes  No

If yes, list all that apply: \_\_\_\_\_

By signing below, I affirm that all information contained herein is true and correct

Signature: \_\_\_\_\_ Date: \_\_\_\_\_