



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

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**LIMITED PUBLIC WEIGHMASTER  
APPLICATION**

**About the applicant:**

NAME:		TELEPHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

*Location where you will serve as a Limited Public Weighmaster (note that a separate application must be filed for each location where you will issue weight certificates):*

LOCATION NAME:		TELEPHONE:	
MAILING ADDRESS:	CITY:	STATE:	ZIP CODE:

*Scales at this location that will be used to produce weight certificates:*

TYPE:	DECK/PLATFORM DIMENSIONS:	MAX CAPACITY:	lb
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*What type of Seal of Authority will you use to certify weight certificates?*     
 EMBOSSING PRESS      INK STAMP      ELECTRONIC

*Are you a Limited Public Weighmaster at any other location in Arizona?*

<b>1</b>	NAME:	TELEPHONE:	
	PHYSICAL ADDRESS:	CITY:	ZIP CODE:      BMF #:
<b>2</b>	NAME:	TELEPHONE:	
	PHYSICAL ADDRESS:	CITY:	ZIP CODE:      BMF #:

I certify that I have a thorough knowledge and understanding of the laws, rules, and policies that apply to a Limited Public Weighmaster in the State of Arizona. In addition, I certify that I will only act as a Limited Public Weighmaster within the scope of my official duties as the employee of a city, county, or the state.

APPLICANT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE