



**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

**PUBLIC WEIGHMASTER
APPLICATION**

LICENSE FEE = \$48.00
 (License fee invoiced after applicant passes exam)

| | | | |
|---|---------------------------|---------------|------------------|
| About the applicant: | | | |
| NAME: | | TELEPHONE: | |
| MAILING ADDRESS: | CITY: | STATE: | ZIP CODE: |
| Location where you will serve as a 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: |
| Deputy Public Weighmasters at this location: | | | |
| NAME: | NAME: | NAME: | NAME: |
| NAME: | NAME: | NAME: | NAME: |
| NAME: | NAME: | NAME: | NAME: |
| NAME: | NAME: | NAME: | NAME: |
| 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 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 #: |

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

APPLICANT NAME _____

SIGNATURE _____

DATE