



**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: 602-342-3282 Fax: 602-542-0466 E-mail: dwm@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:	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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TYPE:	DECK/PLATFORM DIMENSIONS:	MAX CAPACITY:	lb
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