



ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES

1688 W. Adams St., Phoenix, AZ 85007

Phoenix Metro assistance: 602-542-3578

Outside Phx Metro: 1-800-277-6675

FAX: 602-543-0466

PUBLIC WEIGHMASTER APPLICATION

LICENSE FEE = \$48

PLEASE PRINT

APPLICANT NAME:  BIRTH DATE:  (Must be at least 18 years old)

BUSINESS NAME:  PHONE:  FAX:

BUSINESS ADDRESS:  CITY:  ZIP:

PHYSICAL LOCATION:

SCALE OWNER INFORMATION (if different from business name above):

SCALE OWNER NAME:  BMF#:  ADDRESS:

SCALE TYPE:  VEHICLE SCALE  OTHER DECK/PLATFORM SIZE:  CAPACITY:  lbs x

OTHER LOCATIONS WHERE YOU WILL BE A PUBLIC WEIGHMASTER:

1 ADDRESS:  CITY:  ZIP:

SCALE OWNER NAME:  BMF#:  ADDRESS:

SCALE TYPE:  VEHICLE SCALE  OTHER DECK/PLATFORM SIZE:  CAPACITY:  lbs x

2 ADDRESS:  CITY:  ZIP:

SCALE OWNER NAME:  BMF#:  ADDRESS:

SCALE TYPE:  VEHICLE SCALE  OTHER DECK/PLATFORM SIZE:  CAPACITY:  lbs x

DESCRIBE YOUR EXPERIENCE IN THE USE OF THE SCALE INDICATED ABOVE:

LIST CURRENTLY-LICENSED DEPUTY PUBLIC WEIGHMASTERS (Deputy Public Weighmaster application is required for individuals not currently licensed):

| NAME | BIRTH DATE | NAME | BIRTH DATE |
|------|------------|------|------------|
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |
|      |            |      |            |

SEAL REQUEST (check one)

STAMP

HAND HELD PRESS

DESK TOP PRESS

ARS 41-2093 requires a Public Weighmaster to have a valid Public Weighmaster license. In addition, applicants must pass a written examination before they can perform Public Weighmaster duties. This is to certify that I have full knowledge of Title 41, Chapter 15 and Arizona Administrative Code Title 20, chapter 2 as it relates to Public Weighmaster licensing and duties; and any other Department regulations relating to Public Weighmaster and will, upon licensure, operate in accordance with said laws, rules and regulations.

APPLICANT MUST ATTACH A DRAFT OF THE WEIGHT CERTIFICATE THAT WILL BE USED.

APPLICANT SIGNATURE:  DATE:

DEPT USE:  Test Date:

Score:

License Issued: