

ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES 4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844

PUBLIC WEIGHMASTER APPLICATION
LICENSE FEE = \$48

Phoenix Metro assistance: 602-771-4935

Outside Phx Metro: 1-800-277-6675 FAX: 623-939-8586

PLEASE PRINT

ī				BIRTH DATE:		(Must be at least 18 years old)
INESS NAME:				PHONE:		FAX:
INESS ADDRESS:				CITY:		ZIP:
SICAL LOCATION:						
LE OWNER INFORMATION (i	f different from busines	s name above):				
LE OWNER NAME:			BMF#:	ADDRESS:		
LE TYPE:	VEHICLE SCALE	OTHER	DE	CK/PLATFORM SIZE:	CAPACITY:	. lbs x
OTHER LOCATIONS WHERE	YOU WILL BE A PUBLIC	C WEIGHMASTER:	_			
ADDRESS:			CITY:	ZIP:		
SCALE OWNER NAME:			BMF#:	ADDRESS:		
SCALE TYPE:	VEHICLE SCALE	OTHER	DE	CK/PLATFORM SIZE:	CAPACITY:	. lbs x
ADDRESS:			CITY:	ZIP:		
SCALE OWNER NAME:			BMF#:	ADDRESS:	l	
SCALE TYPE:	VEHICLE SCALE	OTHER	DE	CK/PLATFORM SIZE:	CAPACITY:	. lbs x
		SHMASTERS (Depu BIRTH DATE	uty Public Weighmaster NAME		or individuals not currently	licensed): SEAL REQUEST (check one) STAMP
						SEAL REQUEST (check one)
LIST CURRENTLY-LICENSEE NAME						SEAL REQUEST (check one) STAMP