

ARIZONA DEPARTMENT OF WEIGHTS AND MEASURES 4425 W Olive Avenue, Suite 134, Glendale AZ 85302-3844 Phoenix Metro assistance: (602) 771-4935 Outside Phx Metro: 1-800-277-6675 FAX: 623-939-8586

DEPUTY PUBLIC WEIGHMASTER APPLICATION

LICENSE FEE = no charge

PLEASE PRINT

APPLICANT NAME:			BIRTH DATE:		(Must be at least 18 years old)
PUBLIC WEIGHMASTER:]	PUBLIC WEIGHMASTE	R LICENSE #:
BUSINESS NAME:			PHONE:		FAX:
BUSINESS ADDRESS:			CITY:		ZIP:
PHYSICAL LOCATION:					
SCALE OWNER INFORMATIO SCALE OWNER NAME:	N (if different from business name above):	BMF#:	ADDRESS:		
SCALE TYPE (check one):	VEHICLE SCALE		OTHER		
DECK/PLATFORM SIZE:		CAPACITY:	. lbs x		
Weighmaster duties. This is to c	Public Weighmaster to have a valid Deputy Pub ertify that I have full knowledge of Title 41, Chap ations relating to Weighmaster and will, upon lice	ter 15 and Arizor	na Administrative Code Title 20, o	chapter 2 as it relates to Wei	ghmaster licensing and duties; DEPT USE: Test Date: Score:
APPLICANT SIGNATURE:			DATE:		License Issued: