

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

DEPT USE:

Test Date:

LICENSE FEE = no charge

PLEASE PRINT

APPLICANT NAME:			BIRTH DATE:	(Must be at	least 18 years old)
PUBLIC WEIGHMASTER:]	PUBLIC WEIGHMASTER LICENSE #	:
	F		PHONE:		
BUSINESS NAME:			PHONE:	FAX	
BUSINESS ADDRESS:			CITY:	ZIP	:
PHYSICAL LOCATION:					
SCALE OWNER INFORMATIO	N (if different from business name above):				
SCALE OWNER NAME:		BMF#:	ADDRESS:		
SCALE TYPE (check one):	VEHICLE SCALE		OTHER		
DECK/PLATFORM SIZE:		CAPACITY:	. lbs x		
DESCRIBE YOUR EXPERIENC	E IN THE USE OF THE SCALE INDICATED AB	OVE:			

ARS 41-2093 requires a Deputy Public Weighmaster to have a valid Deputy Public Weighmaster license. In addition, applicants must pass a written examination before they can perform Deputy 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 Weighmaster licensing and duties; and any other Department regulations relating to Weighmaster and will, upon licensure, operate in accordance with said laws, rules and regulations.

		_	Score:	
			License Issued:	
APPLICANT SIGNATURE:	DATE:			

DWM-157(3-00)