



New Mexico Department of Agriculture
Standards & Consumer Services
PO Box 30005—MSC 3170
Las Cruces, NM 88003

APPLICATION FOR DEPUTY WEIGHMASTER LICENSE

Full Name _____

Social Security Number (Required) _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____

I hereby apply for a license as a Deputy Weighmaster to act as Weighmaster under the license and bond of _____, a licensed Weighmaster. I certify that I am a citizen of the United States, that I am eligible to make application under Section 11, of the Weighmaster Act (57-18-1 through 26 NMSA 1978 Compilation, as amended by Chapter 80, Laws of 1979), that I have read and understand the "Weighmaster Act" and all regulations relative to that act issued to date by the Board of Regents of New Mexico State University and that I will abide by the regulations which have been or may be promulgated by the Board under the Weighmaster Act. I understand that issuance of any false weight certificate is cause for revocation of my Deputy Weighmaster license. This Deputy Weighmaster license is for use with scales located at: _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

My commission expires the _____ day of _____, 20 _____