

APPLICATION FOR WEIGHMASTER LICENSE

Full Name of Weighmaster _____

Social Security No. (Required) _____

Business Name _____

Business Address _____ City _____ State _____ Zip Code _____

Telephone _____ E-mail _____

I hereby apply for a license as Weighmaster. I certify that I am a citizen of the United States, that I am eligible to make application under Section 4 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. All deputies designated by me will be responsible to me for their performance as weighmasters. I understand that any false statement on this application, or the issuance by me or any of my deputies of any false weight certificate is cause for revocation of my Weighmaster license.

Signature _____ Date _____

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

Notary Public

My commission expires the _____ day of _____, 20 _____

List below the name of each individual who is to serve as your deputy, and their location. Applications will be sent to any Deputy Weighmaster who does not now hold a Deputy Weighmaster license. Please have the Deputy Weighmaster Application completed by the Deputy and returned along with your application.

Name

Location (city or town)

IMPORTANT - Attach a copy of your current weight certificate if this is a new application or if the weight certificate has changed since the renewal of your last registration.

NOTE: If you wish to use the alternative bonds, please request the appropriate form.