102 Governor Street, Richmond, VA 23219

Phone: (804) 786-2476 · Fax: (804) 786-1571 · <u>www.vdacs.virginia.gov</u>

Revised 12/2024

#### VIRGINIA PUBLIC WEIGHMASTER LICENSE APPLICATION

The Virginia public weighmaster license period is from January 1 through December 31 of each year. Renewal applications are automatically generated and mailed to the company of current Weighmasters prior to December 15 of each year by the Office of Weights and Measures. The license renewal fee is \$10.00 for each Weighmaster and there is a \$15.00 processing fee for the criminal history.

Please read the application completely and follow the instructions on each page of the application making certain each document is correctly completed. Be sure all signatures are obtained to include applicant, notary and witness. On the Employment Eligibility form, be sure that the correct documents have been listed [one from List A <u>OR</u> one from <u>List B AND</u> one from <u>List C</u>]. Be sure to include document numbers and expiration dates (if applicable), i.e., driver's license number and expiration date. Include a copy of the driver's license of the applicant. Be sure the Criminal History Record Request is signed by the applicant and notarized.

Submit the completed packet along with the \$25.00 fee made payable to Treasurer of Virginia to:

Virginia Department of Agriculture and Consumer Services
Finance Office
PO Box 526
Richmond, VA 23218-0526

**NOTE:** Please be aware that the Virginia Public Weighmaster Law requires weighmasters to each have an individual embossed seal for use when weighing and signing weight tickets or certificates. The seal must contain the weighmaster's name and "Commonwealth of Virginia" in the outer circle, with the wording "Licensed Public Weighmaster" in the center of the seal. The weighmaster may also add his/her license number to the inner circle if desired. The following is an excerpt from the Virginia Public Weighmaster Law:

§3.2-5808. Oath and seal of licensed public weighmaster:

Each licensed public weighmaster shall, before entering upon his duties, make oath to execute faithfully his duties. Each licensed public weighmaster shall, at his own expense, provide himself with an impression seal. His name and the words "Commonwealth of Virginia" shall be inscribed around the outer margin of the seal and the words "licensed public weighmaster" shall appear in the center thereof. The seal shall be impressed upon each weight certificate issued by a licensed public weighmaster.

An example of a weighmaster seal is provided below.



Mailing: P. O. Box 526, Richmond, VA 23218 • Physical: 102 Governor St., Richmond, VA 23219

Phone: (804) 786-2476 · Fax: (804) 786-1571 · Email: <u>owm.vdacs.virginia.gov</u>

www.vdacs.virginia.gov Revised 12/2024

|              |  | Registrant No.:  |
|--------------|--|--|
|              | Public Weighmaster A   | pplication (for office use only)   |
|              | PLEASE PRINT OR TYPE   | Applicant shapes of information  |
|              | ☐ New Applicant (If you have never applied for a public weighmaster license before)  | ☐ Applicant change of information  (If any of the applicant's personal information has changed   |
|              | (1) you have never approved for a public neighbourse necesser receive beginning  | (Public Weighmaster Application page ONLY))  |
|              | ☐ <b>REAPPLIYING</b> as a Public Weighmaster   | ☐ Relocating/Transferring  |
|              | (If applicant <u>has applied</u> for a license before)   | (If applicant is moving or going to another business)  |
| Appli        | cant Name:   |  |
| Appli        | cant Address:  |  |
| <b>ا</b> مما | icant Cell: H  | ome:   |
| Appii        | cant Cell:   |  |
| the ap       | Is the applicant a citizen of the United States or lawfully admit Has the applicant ever applied for a public weighmaster license applicant's name will be submitted to the <b>Virginia State Police</b> applicant has good moral character as described in the Virginia Patached Criminal History Record Request in order for a criminal did by the applicant and notarized. The original form must be submitted. | Se in Virginia before? Yes ☐ No ☐  Criminal Records System to determine whether or not ublic Weighmaster Law §3.25802. You must complete background check to be conducted. The request must be |
| Appli        | cant Signature:  | Date:  |
|              | FORMS LISTED BELOW ARE REQUIRED TO BE COM<br>CE, ALONG WITH THE FEE OF \$25.00 PER APPLICAN  |  |
| 1.           | Application Form (signed and dated by applicant)   |  |
| 2.           | Licensed Public Weighmaster Oath (signed by applicant and  | witness)   |
| 3.           | Complete Employer and Scale Information Page   |  |
| 4.           | Employment Eligibility Verification Form (Section 1 complements Employer if applicable)  | eted by Employee – Section 2 must be completed by  |
| 5.           | Criminal History Record Request Form (signed by applicant a  | and notarized)   |
| 6.           | Attach a legible copy of driver's license and social security ca   | ard (or document for List B and List C)  |
| 7.           | \$25.00 fee, made payable to Treasurer of Virginia   |  |

**RETURN TO:** Virginia Department of Agriculture and Consumer Services

Finance Office PO Box 526

Richmond, VA 23218-0526

Finance Use Only: \$10.00 Application Fee (865-02193); \$15.00 Criminal History Fee (865-1268)

**NOTE:** Please pay close attention to the requested information when completing forms. Your application will not be processed unless all paperwork is accurately completed, thus causing a delay in becoming a public weighmaster.

Mailing: P. O. Box 526, Richmond, VA 23218 • Physical: 102 Governor St., Richmond, VA 23219

Phone: (804) 786-2476 · Fax: (804) 786-1571 · Email: <u>owm.vdacs.virginia.gov</u>

www.vdacs.virginia.gov Revised 12/2024

| <b>Employer Information</b> (if applicable):  | VDACS Corporation No:   |  |  |  |  |  |
|---|---|--|--|--|--|--|
| If business change of information only, check box below, complete the  ☐ Business Name Change ☐ Business Address C  | e information that applies and email to <u>owm(a)vdacs.virginia.gov</u> ) |  |  |  |  |  |
| Business Name:  | Phone:  |  |  |  |  |  |
| Business Address:   |   |  |  |  |  |  |
| Business County/City:   | State: <u>FIPS CODE</u> :   |  |  |  |  |  |
| Business Contact Person:  | Email:  |  |  |  |  |  |
| Mailing Address (if different):   |   |  |  |  |  |  |
| How long have applicant been employed with this   | company?  |  |  |  |  |  |
| residence, and is not less than 18 years of age? Yes (Form I-9) for licensing purposes. If no, he/she is no 3. Is applicant transferring or relocating to this busines  **If business name or address changed, what was  Scale Information (if applicable): |   |  |  |  |  |  |
| Program.  |   |  |  |  |  |  |
| Model #:  | Type of scale (please check appropriate box):                             |  |  |  |  |  |
| Serial #:   | Platform Scale:   |  |  |  |  |  |
| Capacity:   | Warehouse Scale:  |  |  |  |  |  |
| Date of last inspection:  | Vehicle Scale:  |  |  |  |  |  |
| Model #:  | Type of scale (please check appropriate box):                             |  |  |  |  |  |
| Serial #:   | Platform Scale:   |  |  |  |  |  |
| Capacity:   | Warehouse Scale:  |  |  |  |  |  |
| Date of last inspection:  | Vehicle Scale:  |  |  |  |  |  |

Mailing: P. O. Box 526, Richmond, VA 23218 • Physical: 102 Governor St., Richmond, VA 23219 Phone: (804) 786-2476 · Fax: (804) 786-1571 · Email: <a href="https://owm.vdacs.virginia.gov">owm.vdacs.virginia.gov</a>

www.vdacs.virginia.gov

Revised 12/2024

## **Public Weighmaster Oath**

| I,                                       | , being licensed as a Public                          |
|--|---|
| (Applicant's printed name)               | , being licensed as a Public                          |
| Weighmaster by the Office of Weights     | and Measures, Division of Consumer Protection of      |
| the Virginia Department of Agricultur    | re and Consumer Services, at the approved scale(s)    |
| belonging to(Company's p                 | do solemnly swear or                                  |
| (Company's p                             | orinted name)   |
| affirm that I will faithfully perform    | all the duties devolving upon me by reason of such    |
| position and that I will correctly and   | honestly weigh and make a true record of all such     |
| weights as indicated by the scale(s).    | I am aware that the Virginia Public Weighmaster       |
| License issued to me shall expire on the | e 31st day of December of the calendar year for which |
| the license is issued. I have carefully  | read the Virginia Public Weighmaster Law and will     |
| perform my duties in accordance with     | the provisions contained therein.                     |
|  |   |
| Applicant Signature:                     | Date:   |
| Witness Signature:                       | Date:   |
| Witness Name (print):                    |   |



## **Employment Eligibility Verification**

### **Department of Homeland Security**

U.S.Citizenship and Immigration Services

USCIS Form I-9 OMB No.1615-0047

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the <a href="Instructions">Instructions</a>.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

| Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer. |   |  |               |                     |                       |                                |           |  |  |
|--|---|--|---------------|---------------------|-----------------------|--------------------------------|-----------|--|--|
| Last Name (Family Name)  |   | e (Given Nan   | ne)           | Middle Initial      | (if any)              | Other Last Names Used (if any) |           |  |  |
| Address (Street Number and   | Aı  | Apt. Number (if any) City or Town  |               |                     |                       | State                          | ZIP Code  |  |  |
| Date of Birth (mm/dd/yyyy)   | U.S. Soci   | al Security Nun  | nber Empl     | loyee's Email Add   | ress                  |                                | Emplo     | oyee's Telephone Number                      |  |
|  |   |  |               |                     |                       |                                |           |  |  |
| I am aware that federal law<br>provides for imprisonment<br>and/or fines for false<br>statements, or the use of false<br>documents, in connection with<br>the completion of this form. I |   | heck one of the  |               |                     | our citizenship or im | migratio                       | on status | s (See page 2 and 3 of the instructions.):   |  |
|  |   |  |               |                     |                       |                                |           |  |  |
|  |   | 2. A noncitize   | en national o | of the United State | es (See Instructions. | .)                             |           |  |  |
|  |   | 3. A lawful permanent resident (Enter USCIS or A-Number.)  |               |                     |                       |                                |           |  |  |
| attest, under penalty of   | perjury,  | 4. A noncitizen (other than <b>Item Numbers 2.</b> and <b>3.</b> above) authorized to work until (exp. date, if any) |               |                     |                       |                                |           |  |  |
| that this information, in my selection of the box  |   |  |               |                     |                       |                                |           |  |  |
| attesting to my citizens   |   |  |               |                     |                       |                                |           |  |  |
| immigration status, is to  | rue and   | USCIS A-Num  |               | Form I-94 Adn       | e:<br>nission Number  | 1                              | Foreig    | gn Passport Number and Country of Issuance   |  |
| correct.   |   |  | OR            |                     |                       | OR                             |           | g acope                                      |  |
| Signature of Employee  |   |  |               |                     | Toda                  | ay's Date                      | e (mm/d   | d/yyyy)                                      |  |
| If a preparer and/or to  | ranslator assis   | sted you in cor  | mpleting Se   | ction 1, that pers  | son MUST complet      | te the                         | repare    | r and/or Translator Certification on Page 3. |  |
| business days after the e<br>authorized by the Secret  | Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.  List A OR List B AND List C |  |               |                     |                       |                                |           |  |  |
| Document Title 1   | _   |  |               |                     | 7.11.2                |                                |           |  |  |
| Issuing Authority  |   |  | -             |                     |                       |                                |           |  |  |
| Document Number (if any)   |   |  |               |                     |                       |                                |           |  |  |
| Expiration Date (if any)   |   |  |               |                     |                       |                                |           |  |  |
| Document Title 2 (if any)  |   |  | Add           | ditional Inform     | ation                 |                                |           |  |  |
| Issuing Authority  |   |  |               |                     |                       |                                |           |  |  |
| Document Number (if any)   |   |  |               |                     |                       |                                |           |  |  |
| Expiration Date (if any)   |   |  |               |                     |                       |                                |           |  |  |
| Document Title 3 (if any)  |   |  |               |                     |                       |                                |           |  |  |
| Issuing Authority  |   |  |               |                     |                       |                                |           |  |  |
| Document Number (if any)   |   |  |               |                     |                       |                                |           |  |  |
| Expiration Date (if any)   |   |  |               |                     |                       |                                |           | e authorized by DHS to examine documents.    |  |
| above-named employee, (2) employee named, and (3) to States.   | Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.  |  |               |                     |                       |                                |           |  |  |
| Last Name, First Name and Ti   | Representati  | entative Signature of Employer or Authorized Representative  |               |                     |                       | Today's Date (mm/dd/yyyy)      |           |  |  |
| Employer's Business or Organ   | ization Name  |  | Employer's    | s Business or Org   | anization Address, (  | City or T                      | Γown, St  | ate, ZIP Code                                |  |

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

### LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

| LIST A   |  | LIST B   | LIST C  Documents that Establish Employment  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| Documents that Establish Both Identity and Employment Authorization  | OR   | Documents that Establish Identity AN   | Authorization  |  |  |  |  |
| 1. U.S. Passport or U.S. Passport Card   |  | Driver's license or ID card issued by a State or<br>outlying possession of the United States | A Social Security Account Number card,<br>unless the card includes one of the following<br>restrictions: |  |  |  |  |
| 2. Permanent Resident Card or Alien<br>Registration Receipt Card (Form I-551)  |  | provided it contains a photograph or information such as name, date of birth,                | (1) NOT VALID FOR EMPLOYMENT   |  |  |  |  |
| Foreign passport that contains a temporary I-551 stamp or temporary  |  | gender, height, eye color, and address  2. ID card issued by federal, state or local         | (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION   |  |  |  |  |
| I-551 printed notation on a machine-<br>readable immigrant visa  |  | government agencies or entities, provided it contains a photograph or information such as    | (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION   |  |  |  |  |
| <b>4.</b> Employment Authorization Document that contains a photograph (Form I-766)  |  | name, date of birth, gender, height, eye color, and address                                  | 2. Certification of report of birth issued by the  |  |  |  |  |
| 5. For an individual temporarily authorized to work for a specific employer because  |  | 3. School ID card with a photograph  | Department of State (Forms DS-1350, FS-545, FS-240)  |  |  |  |  |
| of his or her status or parole:  |  | 4. Voter's registration card   | 3. Original or certified copy of birth certificate   |  |  |  |  |
| a. Foreign passport; and   |  | 5. U.S. Military card or draft record  | issued by a State, county, municipal authority, or territory of the United States                        |  |  |  |  |
| <b>b.</b> Form I-94 or Form I-94A that has the following:  |  | 6. Military dependent's ID card  | bearing an official seal  4. Native American tribal document   |  |  |  |  |
| (1) The same name as the   |  | 7. U.S. Coast Guard Merchant Mariner Card  |  |  |  |  |  |
| passport; and (2) An endorsement of the  |  | 8. Native American tribal document   | 5. U.S. Citizen ID Card (Form I-197)   |  |  |  |  |
| individual's status or parole as long as that period of  |  | Driver's license issued by a Canadian government authority                                   | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)                     |  |  |  |  |
| endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or  |  | For persons under age 18 who are unable to present a document listed above:                  | 7. Employment authorization document issued by the Department of Homeland Security                       |  |  |  |  |
| limitations identified on the form. <b>6.</b> Passport from the Federated States of  |  | 10. School record or report card   | For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.                        |  |  |  |  |
| Micronesia (FSM) or the Republic of the  |  | 11. Clinic, doctor, or hospital record   | The Form I-766, Employment   |  |  |  |  |
| Marshall Islands (RMI) with Form I-94 or<br>Form I-94A indicating nonimmigrant<br>admission under the Compact of Free<br>Association Between the United States<br>and the FSM or RMI |  | 12. Day-care or nursery school record  | Authorization Document, is a List A, Item Number 4. document, not a List C document.                     |  |  |  |  |
|  |  | Acceptable Receipts  |  |  |  |  |  |
| May be prese   | ente                                       | d in lieu of a document listed above for a to  | emporary period.   |  |  |  |  |
|  | For receipt validity dates, see the M-274. |  |  |  |  |  |  |
| Receipt for a replacement of a lost,<br>stolen, or damaged List A document.  | OR   | Receipt for a replacement of a lost, stolen, or damaged List B document.                     | Receipt for a replacement of a lost, stolen, or damaged List C document.                                 |  |  |  |  |
| Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.   |  |  |  |  |  |  |  |
| Form I-94 with "RE" notation or<br>refugee stamp issued to a refugee.  |  |  |  |  |  |  |  |



## Supplement A, **Preparer and/or Translator Certification for Section 1**

**USCIS** Form I-9 Supplement A OMB No. 1615-0047 Expires 07/31/2026

### **Department of Homeland Security**

U.S. Citizenship and Immigration Services

| Last Name (Family Name) from Section 1.   | First Name (Given Name) from Section 1. |                               |           | Middle initial (if any) from Section 1. |                         |  |  |  |  |
|---|---|-------------------------------|-----------|---|-------------------------|--|--|--|--|
| Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9. |   |                               |           |   |                         |  |  |  |  |
| I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.   | in the                                  | completion of Section 1 of th | is form a | and that to                             | the best of my          |  |  |  |  |
| Signature of Preparer or Translator   | n/dd/yyyy)                              |                               |           |   |                         |  |  |  |  |
| Last Name (Family Name)   | First                                   | Name (Given Name)             |           |   | Middle Initial (if any) |  |  |  |  |
| Address (Street Number and Name)  |   | City or Town                  |           | State                                   | ZIP Code                |  |  |  |  |
| I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.   | in the                                  | completion of Section 1 of th | is form a | nd that to                              | the best of my          |  |  |  |  |
| Signature of Preparer or Translator   | m/dd/yyyy)                              |                               |           |   |                         |  |  |  |  |
| Last Name (Family Name)   | First Name (Given Name)                 |                               |           |   |                         |  |  |  |  |
| Address (Street Number and Name)  | ı                                       | City or Town                  | State     | ZIP Code                                |                         |  |  |  |  |
| I attest, under penalty of perjury, that I have assisted i knowledge the information is true and correct.   | in the                                  | Lompletion of Section 1 of th | is form a | Ind that to                             | the best of my          |  |  |  |  |
|   |   |                               |           |   | nm/dd/yyyy)             |  |  |  |  |
| Last Name (Family Name)   | First Name (Given Name)                 |                               |           |   | Middle Initial (if any) |  |  |  |  |
| Address (Street Number and Name)  | City or Town State                      |                               |           |   | ZIP Code                |  |  |  |  |
| I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.  |   |                               |           |   |                         |  |  |  |  |
| Signature of Preparer or Translator   | Date (mn                                | n/dd/yyyy)                    |           |   |                         |  |  |  |  |
| Last Name (Family Name)   | rily Name) First Name (Given Name)      |                               |           |   |                         |  |  |  |  |
| Address (Street Number and Name)  | I                                       | City or Town                  | State     | ZIP Code                                |                         |  |  |  |  |
| ·   |   | •                             |           | •                                       |                         |  |  |  |  |



Last Name (Family Name) from Section 1.

Additional Information (Initial and date each notation.)

New Name (if applicable)

Last Name (Family Name)

Date of Rehire (if applicable)

Date (mm/dd/yyyy)

# **Supplement B, Reverification and Rehire (formerly Section 3)**

USCIS Form I-9 Supplement B

**Department of Homeland Security** U.S. Citizenship and Immigration Services

First Name (Given Name) from Section 1.

OMB No. 1615-0047 Expires 07/31/2026

Middle initial (if any) from Section 1.

| reverification, is rehired w<br>Enter the employee's nam<br>before completing this pa   | vithin three years of the date<br>ne in the fields above. Use a | e the original Form I-9 was<br>a new section for each rev<br>of the employee's Form I- | orm I-9. Only use this page is<br>completed, or provides proc<br>verification or rehire. Review<br>9 record. Additional guidance | of of a l<br>the Fo | egal name ch<br>rm I-9 instruc | iange.<br>ctions |  |  |  |  |
|---|---|--|--|---------------------|--------------------------------|------------------|--|--|--|--|
|   | New Name (if applicable)  | OTTI 1-9 (MI-274)  |  |                     |                                |                  |  |  |  |  |
| Date (mm/dd/yyyy)   | Last Name (Family Name)  First Name (Given Name)  Middle Initia |  |  |                     |                                |                  |  |  |  |  |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.  |   |  |  |                     |                                |                  |  |  |  |  |
| Document Title  |   | Document Number (if any)   |  | Expira              | ation Date (if any             | y) (mm/dd/yyyy)  |  |  |  |  |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. |   |  |  |                     |                                |                  |  |  |  |  |
| Name of Employer or Authorize   | d Representative  | Signature of Employer or Autl  | norized Representative   |                     | Today's Date                   | (mm/dd/yyyy)     |  |  |  |  |
| Additional Information (Initial and date each notation.)  Check here if you used an alternative procedure authorized by DHS to examine documents.   |   |  |  |                     |                                |                  |  |  |  |  |
| Date of Rehire (if applicable)  | New Name (if applicable)  |  |  |                     |                                |                  |  |  |  |  |
| Date (mm/dd/yyyy)   | Last Name (Family Name)   |  | First Name (Given Name)  |                     |                                | Middle Initial   |  |  |  |  |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.  |   |  |  |                     |                                |                  |  |  |  |  |
| Document Title Document Number (if any) Expiration Date (if any) (mm/dd/yyyy)   |   |  |  |                     |                                |                  |  |  |  |  |
| I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it. |   |  |  |                     |                                |                  |  |  |  |  |
| Name of Employer or Authorize   | d Representative  | Signature of Employer or Auth  | norized Representative   |                     | Today's Date                   | (mm/dd/yyyy)     |  |  |  |  |

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title Document Number (if any) Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative

Signature of Employer or Authorized Representative

Today's Date (mm/dd/yyyy)

Additional Information (Initial and date each notation.)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Check here if you used an alternative procedure authorized by DHS to examine documents.

First Name (Given Name)

Middle Initial

102 Governor Street, Richmond, VA 23219
Phone: (804) 786-2476 · Fax: (804) 786-1571 · Email: <a href="mailto:owm@vdacs.virginia.gov">owm@vdacs.virginia.gov</a>
<a href="mailto:www.vdacs.virginia.gov">www.vdacs.virginia.gov</a>

#### CRIMINAL HISTORY RECORD REQUEST VIRGINIA STATE POLICE, RECORDS MANAGEMENT DIVISION RICHMOND, VA 23261-5076

COMPLETE PARAGRAPH 1 ONLY of this form for use by the Virginia Department of Services as part of the application for the Public Weighmaster License:

1. PERSON NAMED IN RECORD

| (Please fill out all information. DO NOT u   | se initia                         | <i>ls</i> . Your comp | ete name        | must b            | e used, or yo              | our applic           | ation will not | t be processed.)            |
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| AFFIDAVIT FOR RELEASE OF I<br>I hereby give consent and authori<br>Exchange for any criminal history<br>Agriculture and Consumer Service   | ze the \<br>/ record              | /irginia Stat         |                 |                   |                            |                      |                |                             |
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| Signature of Notary Public   |                                   |                       |                 |                   |                            |                      |                |                             |
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| Sworn to and subscribed before n   | ne this                           |                       | day of          |                   |                            |                      |                | , 20                        |
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| Signature of Notary Public   |                                   |                       |                 |                   |                            |                      |                |                             |
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# TITLE 3.2 – AGRICULTURE, ANIMAL CARE, AND FOOD CHAPTER 58 – PUBLIC WEIGHMASTERS

#### § 3.2-5800. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Public weighing," means the weighing for any person, upon request, of property, produce, commodities, or articles other than those that the weigher or his employer, or any, is either buying or selling.

"Vehicle" means any device in, upon, or by which any property, produce, commodity, or article is or may be transported or drawn.

#### § 3.2-5801. Commissioner to adopt regulations.

The Commissioner may adopt regulations he deems necessary to carry out the provisions of this chapter.

#### § 3.2-5802. Qualifications of licensed public weighmasters.

A citizen of the United States or a person who has been lawfully admitted for permanent residence, and is not less than 18 years of age, of good moral character, and who has the ability to weigh accurately and to make correct weight certificates, and who has received from the Commissioner a license as a licensed public weighmaster shall be authorized to act as a licensed public weighmaster.

#### § 3.2-5803. Application for license.

Application for a license as a licensed public weighmaster shall be made upon a form provided by the Commissioner and the application shall furnish evidence that the applicant has the qualifications required by § 3.2-5802.

#### § 3.2-5804. Determining qualifications of applicant; granting of license; record of applications and licenses.

The Commissioner may adopt guidelines for determining the qualifications of the applicant for a license as a licensed public weighmaster. He may pass upon the qualifications of the applicant upon the basis of the information supplied in the application, or he may examine such applicant orally or in writing or both for the purpose of determining his qualifications. He shall grant licenses as licensed public weighmasters to such applicants as may be found to possess the qualifications required by § 3.2-5802 of this chapter. The Commissioner shall keep a record of all such applications and of all licenses issued thereon.

#### § 3.2-5805. Licenses and renewal fees.

Before the issuance of any license as a licensed public weighmaster, or any renewal thereof, the applicant shall pay to the Commissioner a fee of \$10. Such fees shall be deposited with the State Treasurer to be credited to a fund to be used by the Commissioner for the administration of this chapter.

#### § 3.2-5806. Issuance of limited licenses to certain public officers and employees.

The Commissioner may, upon request and without charge, issue a limited license as a licensed public weighmaster to any qualified officer or employee of a city or county of the Commonwealth or of a state commission, board, institution, or agency, authorizing such officer or employee to act as a licensed public weighmaster only within the scope of his official employment in the case of an officer or employee of a city or county or only for and on behalf of the state commission, board, institution, or agency in the case of an officer or employee thereof.

#### § 3.2-5807. Expiration of licenses; applications for renewal.

Each license as licensed public weighmaster shall be issued to expire on December 31 of the calendar year for which it is issued. Any such license shall be valid through January 31 of the next ensuing calendar year or until issuance of the renewal license, whichever event first occurs, if the holder thereof shall have filed a renewal application with the Commissioner on or before December 15 of the year for which the current license was issued. Renewal applications shall be in such form as the Commissioner shall prescribe.

#### § 3.2-5808. Oath and seal of licensed public weighmaster; Commonwealth not obligated to pay compensation.

Each licensed public weighmaster shall, before entering upon his duties, make oath to execute faithfully his duties. The issuance of a license as licensed public weighmaster shall not obligate the Commonwealth to pay to the licensee any compensation for his services as a licensed public weighmaster. Each licensed public weighmaster shall, at his own expense, provide himself with an impression seal. His name and the words "Commonwealth of Virginia" shall be inscribed around the outer margin of the seal and the words "licensed public weighmaster" shall appear in the center thereof. The seal shall be impressed upon each weight certificate issued by a licensed public weighmaster.

#### § 3.2-5809. Form of weight certificate and information to be stated thereon; weight certificate as evidence.

The Commissioner shall prescribe the form of weight certificate to be used by a licensed public weighmaster. The weight certificate shall state the date of issuance, the kind of property, produce, commodity, or article weighed, the name of the declared owner or agent of the owner or of the consignee of the material weighed, the accurate weight of the material weighed, the means by which the material was being transported at the time it was weighed, and such other available information as may be necessary to distinguish or identify the property, produce, commodity, or article from others of like kind. Such weight certificate when so made and properly signed and sealed shall be prima facie evidence of the accuracy of the weights shown.

#### § 3.2-5810. Entries on weight certificate.

A licensed public weighmaster shall not enter on a weight certificate issued by him any weight values but those he has personally determined, and he shall make no entries on a weight certificate issued by some other person. A weight certificate shall be so prepared as to show clearly what weight or weights were actually determined. If the certificate form provides for the entry of gross, tare, and net weights, in any case in which only the gross, the tare, or the net weight is determined by the weighmaster he shall strike through or otherwise cancel the printed entries for the weights not determined or computed. If gross and tare weights are shown on a weight certificate and both of these were not determined on the same scale and on the day for which the certificate is dated, the weighmaster shall identify on the certificate the scale used for determining each weight and the date of each determination.

#### § 3.2-5811. Only suitable, tested and approved weighing devices to be used.

When making a weight determination as provided for by this chapter a licensed public weighmaster shall use a weighing device that is of a type suitable for the weighing of the amount and kind of material to be weighed, and that has been tested and approved for use by a weights and measures officer of the Commonwealth within a period of 12 months immediately preceding the date of the weighing.

#### § 3.2-5812. Capacity of scales not to be exceeded; determining gross or tare weight of vehicle or combination of vehicles.

A licensed public weighmaster shall not use any scale to weigh a load the value of which exceeds the nominal or rated capacity of the scale. When the gross or tare weight of any vehicle or combination of vehicles is to be determined, the weighing shall be performed upon a scale having a platform of sufficient size to accommodate such vehicle or combination of vehicles fully, completely, and as one entire unit. If a combination of vehicles must be broken up into separate units in order to be weighed as prescribed herein, each such separate unit shall be entirely disconnected before weighing and a separate weight certificate shall be issued for each such separate unit.

#### § 3.2-5813. Copies of weight certificates to be retained and kept open for inspection.

A licensed public weighmaster shall keep and preserve for at least one year, or for such longer period as may be specified in the regulations authorized to be issued for the enforcement of this chapter, a legible copy of each weight certificate issued by him, which copies shall be open at all reasonable times for inspection by any weights and measures officer of the Commonwealth.

#### § 3.2-5814. Weight certificates issued by weighmasters in other states.

Whenever in any other state that licenses public weighmasters, there is statutory authority for the recognition and acceptance of the weight certificates issued by licensed weighmasters of the Commonwealth, the Commissioner is authorized to recognize and accept the weight certificates of the other state.

#### § 3.2-5815. Certain persons permitted but not required to obtain licenses.

The following persons shall not be required but shall be permitted to obtain licenses as licensed public weighmasters: (i) a weights and measures officer when acting within the scope of his official duties; (ii) a person weighing property, produce, commodities, or articles that he or his employers, if any, is either buying or selling; and (iii) a person weighing property, produce, commodities, or articles in conformity with the requirements of federal statutes or the statutes of his state relative to warehousemen or processors.

#### § 3.2-5816. Certain acts forbidden to persons not licensed as public weighmasters.

No person shall assume the title "licensed public weighmaster," or any title of similar import, perform the duties or acts to be performed by a licensed public weighmaster under this chapter, hold himself out as a licensed public weighmaster, issue any weight certificate, ticket, memorandum, or statement for which a fee is charged or engage in the full-time or part-time business of public weighing, unless he holds a valid license as a licensed public weighmaster.

#### § 3.2-5817. Suspension or revocation of license.

The Commissioner is authorized to suspend or revoke the license of any licensed public weighmaster: (i) when he is satisfied, after a hearing upon 10 days' notice to the licensee, that the said licensee has violated any provision of this chapter or of any regulation of the Commissioner affecting licensed public weighmasters; or (ii) when a licensed public weighmaster has been convicted in any appropriate court of violating any provision of this chapter or of any regulation issued under authority of this chapter.

#### § 3.2-5818. Requesting false weighing or false weight certificate; issuance of weight certificate by unlicensed person.

Any person who requests a licensed public weighmaster to weigh any property, produce, commodity, or article falsely or incorrectly, or who requests a false or incorrect weight certificate, or any person who issues a weight certificate simulating the weight certificate prescribed in this chapter and who is not a licensed public weighmaster, is guilty of a Class 4 misdemeanor; and upon a second or subsequent conviction such person is guilty of a Class 2 misdemeanor.

# § 3.2-5819. Falsification or presealing of weight certificate by licensed weighmaster; delegation of authority to unlicensed person.

Any licensed public weighmaster who falsifies a weight certificate, or who delegates his authority to any person not licensed as a licensed public weighmaster, or who preseals a weight certificate with his official seal before performing the act of weighing, is guilty of a Class 2 misdemeanor.

#### § 3.2-5820. Penalty for violation of chapter.

Any person who violates any provision of this chapter or any regulation adopted pursuant thereto for which no specific penalty has been provided is guilty of a Class 4 misdemeanor

### Virginia Department of Agriculture and Consumer Services

### Division of Consumer Protection - Office of Weights and Measures

102 Governor Street, Richmond VA 23219 • www.vdacs.virginia.gov

#### **Agency Guidance Document**

**Document number:** 2017-01

**Subject:** Guidelines for approval of Public Weighmaster licenses

**Issue date:** April 1, 2017

**Expiration date:** In effect until rescinded or amended

#### **Purpose:**

The purpose of this bulletin is to provide guidelines for processing and approving the public weighmaster license applications received by the Virginia Department of Agriculture and Consumer Services (VDACS).

#### **Background:**

VDACS's Office of Weights and Measures (OWM), is responsible for administering and enforcing the provisions of the Virginia Public Weighmasters Law (Law)<sup>1</sup>. The Law authorizes the Commissioner of Agriculture and Consumer Services to grant licenses to prospective public weighmasters and adopt guidelines for determining whether an applicant possesses the qualifications prescribed in §3.2-5802 of the Law<sup>2</sup>. This document will prescribe the manner in which VDACS OWM will evaluate each application for a public weighmaster license.

#### **Guidance:**

- I. VDACS OWM will provide the application for a public weighmaster license, as approved by the Commissioner, on the VDACS website.
- II. The OWM Program Manager or his designee shall review each submitted application for completion and shall notify the applicant if he has not submitted the appropriate fee or completed the application in its entirety with the required signatures. The OWM Program Manager or his designee shall review each complete application to confirm the following:
  - A. The applicant is lawfully admitted to the United States for permanent residence as determined by the Employment Eligibility Verification;
  - B. The applicant is currently employed with a company operating a public scale;
  - C. The applicant is 18 years of age or older; and
  - D. The applicant has the ability to accurately weigh and make correct weight certificates.

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<sup>&</sup>lt;sup>1</sup> Va. Code § 3.2-5800 *et seq*.

<sup>&</sup>lt;sup>2</sup> Va. Code § 3.2-5804

- III. The Program Manager shall sign the Criminal History Record Request and ensure that the signature is notarized. The Program Manager or designee shall then send the Criminal History Record Request to the Virginia State Police Criminal Records Unit for processing.
- IV. If no criminal history record is found by the Virginia State Police Criminal Records Unit, a license may be granted to the applicant by the Program Manager or designee.
- V. If a criminal history record is found by the Virginia State Police Criminal Records Unit, the Program Manger shall examine the criminal history record to determine whether the applicant is of good moral character as required by § 3.2-5802 of the Law. An application for public weighmaster license shall be denied if:
  - A. The applicant has a felony or misdemeanor conviction for a crime of moral turpitude. Moral turpitude crimes involve lying, stealing, or cheating and include, but are not limited to:
    - 1. Robbery;
    - 2. Burglary;
    - 3. Larceny;
    - 4. Embezzlement;
    - 5. Fraud;
    - 6. Forgery; and
    - 7. False Statements; or
  - B. The applicant has a felony or misdemeanor conviction of a crime that involves an act of "baseness, vileness or depravity" that would call in to question the applicant's fitness to faithfully carry out the duties of a public weighmaster. Examples include, but are not limited to, crimes enumerated in Article 7 of Chapter 4 of Title 18.2 of the Code of Virginia, which pertains to criminal sexual assault and Chapter 8 of Title 18.2 of the Code of Virginia, which pertains to crimes involving morals and decency.
- VI. Notwithstanding Section V., if the applicant has been convicted of a crime referenced in Section V., the Program Manager may grant a license if the applicant:
  - A. Has no felony convictions in the five years preceding the date of the application;
  - B. Has no misdemeanor conviction for a crime of moral turpitude in the five years preceding the date of the application;

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<sup>&</sup>lt;sup>3</sup> Tasker v. Commonwealth, 202 VA.1019, 1024, 121 S.E.2d 459, 463 (1961)

- C. Has no misdemeanor conviction in the three years preceding the date of the application. The Program Manager may still grant a license if the applicant has conviction, in the three years preceding the date of the application, for a violation of a provision of Title 46.2 of the Code of Virginia pertaining to motor vehicles, if the conviction was not a felony;
- D. Is not on active probation; and
- E. Does not have a history of violating the terms of probation or parole in the five years preceding the date of the application.
- VII. If the Program Manager or his designee determines that the applicant does not appear to meet the qualifications established for public weighmasters in Va. Code § 3.2-5803, the Program Manager or designee will send a letter to the applicant stating such and notifying the applicant of the right to request an informal fact finding proceeding pursuant to Va. Code § 2.2-4019 before the application is denied. The letter shall state that the applicant must request this proceeding within 15 days of receipt of the letter.
- VIII. Upon receipt of a request for an informal fact finding proceeding from the applicant, the Program Manager or his designee shall notify the Director of the Division of Consumer Protection. The Director or his designee shall serve as the conference officer for the requested informal fact finding proceeding.
- IX. The Director of the Division of Consumer Protection shall schedule an informal fact finding proceeding and notify the applicant and Program Manager of the location, date, and time of the proceeding.
- X. The conference officer shall hold the informal fact finding proceeding. The conference officer shall notify the applicant of his decision in writing, notify the applicant of the right to appeal the decision of the informal fact finding proceeding in a formal hearing authorized by Va. Code § 2.2-4020, and notify the applicant that a request for a formal hearing must be made in writing to the Commissioner of Agriculture and Consumer Services within 15 days of receipt of the conference officer's decision.
- XI. Upon receipt of a properly filed request for a formal hearing, the Commissioner shall request that the Program Manager arrange for a Hearing Officer, court reporter, and location for the formal hearing and notify the applicant of the location, date, and time of the formal hearing.
- XII. The Hearing Officer shall hear the relevant information about the license application and applicant, transmit his findings and recommendations to the Commissioner as required by Va. Code § 2.2-4024(D), and inform the applicant of his right under Va. Code § 2.2-4021(A) to address the Commissioner.
- XIII. The Commissioner shall consider the findings and recommendations of the hearing officer and render a case decision within the timeframe established in Va. Code § 2.2-4021(C).