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STATE OF NEVADA
DEPARTMENT OF AGRICULTURE

405 South 21st St.
Sparks, Nevada 89431-5557
Telephone (775) 353-3601 Fax (775) 353-3661
agri.nv.gov

November 15, 2021

IMPORTANT

Greetings,

Please read the updated **Public Weighmaster License Application Instructions** document in the paper packet carefully.

Changes have been made to help streamline the process for existing license holders.

The Division has adopted a simplified "on file" system, which means if we have the paperwork already on file, then it does not need to be submitted again for **existing agents**.

The division has also removed the requirement for maintaining a surety bond. Be sure to call your insurance provider to cancel your policy.

If there are no changes to business license status, weigh ticket, or to your agent roster, no additional paperwork is required to be submitted as we already have it "on file".

What is still required

A completed application page and method of payment are still required.

For each new agent, a completed Child Support Information form must be submitted.

Please note that we do not accept electronic submissions containing Social Security numbers or other personally identifiable information. Please send hard copy submissions through the mail, UPS or FedEx to:

Nevada Department of Agriculture
Division of Measurement Standards

Attn: PWM Program
405 S. 21st Street
Sparks, NV 89431

If you have questions about the application or license renewal process, please contact the Nevada Division of Measurement Standards at 775-353-3782 option 5 or email pwmreg@agri.nv.gov

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NOTICE OF 2022 PUBLIC WEIGHMASTER ANNUAL LICENSE RENEWAL

This notice is to inform you of your annual Public Weighmaster (NRS 582) license fee of \$100.00 for each location due on or before December 31, 2021. Enclosed is the invoice for these fees based on our current records. If there are deputy weighmasters that need to be added or removed, please notate the appropriate changes on the Public Weighmaster Application and issue payment accordingly.

Please use the provided return envelope and submit your remittance by mail, along with the 2021 renewal forms completed in the following order to prevent any delays in renewal of your license. Please note that we have recently updated our forms; do not submit copies of old forms from prior submissions. **Any application submitted without completion of ALL items listed below will be returned unprocessed.**

NOTE: Proof of surety bond is no longer required for a Public Weighmaster license. The 2021 Nevada Legislative Commission approved the removal of this requirement, effectively rescinding Nevada Administrative Code (NAC) 582.020.

- ☐ Public Weighmaster Application
- ☐ Report existence of Nevada Business License
- ☐ Child Support Information for **any new** Deputy Public Weighmaster signee. Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each agent must include the social security number of the applicant. The Department of Agriculture cannot waive this requirement and applications for new Deputy Public Weighmaster signees that do not include this information will be rejected.
- ☐ Copy of current weight ticket form issued in the field
- ☐ Payment form with payment

Any application submitted without completion of ALL the above criteria will be returned unprocessed. Your current license will **EXPIRE** on December 31, 2021. Failure to renew your license before then will render your agency as unlicensed as of January 1, 2022 and a **10% late fee will be assessed.**

***Annual Registration Renewals MUST be remitted in paper form via mail.
Electronic submissions will not be accepted at this time.***

Should you have questions regarding your Public Weighmaster annual license renewal, please call (775) 353-3782 option 5.



DIVISION OF MEASUREMENT STANDARDS

Public Weighmaster Program

405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: pwmreg@agri.nv.gov Web: agri.nv.gov/PWM

Public Weighmaster License Application Instructions

The following information is required for approval. **Incomplete applications will be returned unprocessed. Failure to submit a completed application by December 31, 2021 will result in non-renewal of your current license and a 10% late fee.**

APPLICATION: Form, including payment, is to be completed by the business owner or person responsible for the Public Weighmaster (PWM) Program only.

(CE-PWM-01-Application.pdf)

- ☐ **New or Existing:** Mark the appropriate box indicating if the application is for a new PWM account OR to update an existing PWM account, including the Nevada PWM License number.
- ☐ **Business Name:** PWM business name to appear on the license, including if Corporation (Inc.), Limited Liability Company (LLC), or Limited Partnership (LP). Indicate if business name has been updated or has more than one Nevada PWM license with different locations. Please note: EACH location must have their own application.
- ☐ **Mailing Address/City/State/Zip:** Enter the street address or P.O. Box number, city, state and zip code to where the license will be mailed.
- ☐ **Physical Address/City/State/Zip:** Mark box if business location is the same address as mailing. Otherwise, enter the street address, city, state and zip code to appear on the license.
- ☐ **Responsible Party's Name/Contact Phone #/Fax #/Email Address:** Enter the name, phone number, Fax number, and email address of business owner or person responsible for the PWM Program.
- ☐ **Deputy Public Weighmasters:** CLEARLY PRINT full names (LAST NAME, FIRST NAME) of ALL persons who determine weight, measure or count, and/or sign weigh tickets for your business. To update information, list all names and check the appropriate box of existing, adding or removing.
- ☐ **Business Weighmaster Tickets:** Provide a blank copy of the current weigh tickets issued. Check box and initials.
- ☐ **Signature/Date:** Person completing application and date of completion.

REPORT EXISTENCE OF NEVADA BUSINESS LICENSE:

- ☐ Form is to be completed by the business owner or person responsible for the PWM only. (CE-PWM-02-ReportOfBusinessLicence.pdf)

NOTE: A surety bond is no longer required to hold a Public Weighmaster license in Nevada. The 2021 Nevada Legislative Commission approved rescinding the surety bond requirement detailed in Nevada Administrative Code (NAC) 582.020. The approval to rescind was certified by the Nevada Secretary of State's office in March 2021. Please DO NOT send proof of surety bond with your Public Weighmaster application.

In addition, please DO NOT email or fax the completed license application. Application materials MUST be mailed to the address located at the top of this form.

CHILD SUPPORT INFORMATION:

- ☐ Form is to be completed by ALL Deputy Public Weighmasters listed on the application. Federal regulations and Nevada Revised Statutes require that the application for a license as a public weighmaster or deputy public weighmaster must include the social security number of the applicant. NDA cannot waive this requirement. (CE-PWM-04-ChildSupportForm.pdf)

PLEASE DO NOT EMAIL OR FAX THESE FORMS. THEY CONTAIN PERSONALLY IDENTIFIABLE INFORMATION.

METHOD OF PAYMENT:

- ☐ Form is to be completed by person responsible for payment or Public Weighmaster Program. (CE-PWM-05-PaymentForm.pdf)
Payment MUST be accompanied by completed application for processing and may only be submitted by mail. Do NOT e-mail or fax the authorization form as these are not secure forms of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.



DIVISION OF MEASUREMENT STANDARDS

Public Weighmaster Program

405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Email: pwmreg@agri.nv.gov Web: agri.nv.gov/PWM

APPLICATION

Fees: \$100.00 application/renewal

Acceptable methods of payment: Credit/debit card, Check or Money Order

☐ New Application ☐ Update Existing PWM License # _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: ☐ Same as Mailing

City: _____ State: _____ Zip: _____

Responsible Party's Name: _____ Contact Phone #: _____

Fax #: _____ Email Address: _____

Deputy Public Weighmasters: Clearly print full names of ALL persons currently designated to act as Deputy Public Weighmaster for your business and check appropriate box. (Attach additional sheets if necessary).

Last Name, First	Last Name, First	Last Name, First
1. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	2. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	3. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
4. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	5. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	6. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
7. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	8. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	9. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
10. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	11. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	12. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
13. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	14. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	15. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
16. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	17. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	18. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
19. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	20. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	21. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>
22. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	23. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>	24. _____ Existing <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/>

Business Weighmaster Tickets:

☐ I have provided a blank copy of the current weigh ticket issued to customers. _____ Initials

SIGNATURE: _____ DATE: _____

NDA USE ONLY:

Date Completed: _____ Total Paid: \$ _____ Payment: ☐ Check # _____ ☐ CC ☐ Other

Processed by: _____



DIVISION OF MEASUREMENT STANDARDS

Public Weighmaster Program

405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Web: agri.nv.gov/PWM

CHILD SUPPORT INFORMATION

Pursuant to NRS 582.032

All **new PWM applicants** MUST complete this section

Please select ONE option:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- ☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

Business Name

PWM License #

Printed Name of PWM Applicant

Signature of PWM Applicant

PWM Applicant's Address

City, State and Zip

PWM Applicant's Phone #

Social Security Number*

Date

* Federal regulations (42 U.S.C. § 666) and Nevada Revised Statutes Chapter 581.103 require that the application for a certificate of registration for each new agent must include the Social Security number of the applicant. The Department of Agriculture cannot waive this requirement and applications that do not include this information will be rejected. Documents containing Social Security numbers **must** be mailed. Electronic files will not be accepted.

**DIVISION OF MEASUREMENT STANDARDS****Public Weighmaster Program**405 South 21st Street Sparks, NV 89431

Phone: (775) 353-3782 Fax: (775) 353-3798

Web: agri.nv.gov/PWM**Method of Payment**

Do NOT e-mail or fax this authorization form as it these are not secure methods of transmittal to protect your financial information. Any payment information sent by email or fax will not be processed.

Business Name: _____

PWM License # _____ Invoice # _____

☐ Check here ONLY if payment and application information will be mailed separately.

Mailing payment and application documents separately may cause a delay in processing your registration. Application is not reviewed until both have been received.

Payment Type:☐ Check or Money Order # _____

Payment Amount: \$ _____

Payable to:

NEVADA DEPARTMENT OF AGRICULTURE

405 South 21st Street

Sparks, NV 89431

☐ Credit Card (Check type): ☐ Visa ☐ Mastercard ☐ AMEX ☐ Discover

Payment Amount: \$ _____

Name as it appears on Card: _____

Email: _____

Authorized Signature: _____ Date: _____

Credit Card #: _____ - _____ - _____ - _____

Expiration Date (Month/Year: ____ / ____)

Card Verification Value (CVV2): _____

**Credit Card information is not retained by the Nevada Department of Agriculture for future payments and will be securely destroyed upon completion of payment processing.*

Billing Code: 4551-3616