Nevada Department of Agriculture

CONSUMER EQUITABILITY DIVISION
Public Weighmaster Program
2150 Frazer Avenue Sparks, NV 89431
Phone: (775) 353-3782 Fax: (775) 353-3798
Email: pwmreg@agri.nv.gov Web: agri.nv.gov/PWM

APPLICATION

Charges: $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 ☐ Add ☐ Remove ☐	9. Existing ☐ Add ☐ Remove ☐	17. Existing ☐ Add ☐ Remove ☐
2. Existing ☐ Add ☐ Remove ☐	10. Existing ☐ Add ☐ Remove ☐	18. Existing ☐ Add ☐ Remove ☐
3. Existing ☐ Add ☐ Remove ☐	11. Existing ☐ Add ☐ Remove ☐	19. Existing ☐ Add ☐ Remove ☐
4. Existing ☐ Add ☐ Remove ☐	12. Existing ☐ Add ☐ Remove ☐	20. Existing ☐ Add ☐ Remove ☐
5. Existing ☐ Add ☐ Remove ☐	13. Existing ☐ Add ☐ Remove ☐	21. Existing ☐ Add ☐ Remove ☐
6. Existing ☐ Add ☐ Remove ☐	14. Existing ☐ Add ☐ Remove ☐	22. Existing ☐ Add ☐ Remove ☐
7. Existing ☐ Add ☐ Remove ☐	15. Existing ☐ Add ☐ Remove ☐	23. Existing ☐ Add ☐ Remove ☐
8. Existing ☐ Add ☐ Remove ☐	16. Existing ☐ Add ☐ Remove ☐	24. Existing ☐ Add ☐ Remove ☐

Business Weighmaster Tickets: Provide a blank copy of the current weigh tickets issued to customers.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:

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

Processed by: _____